BINDING
FOR
RESERVED
MARGIN

B.—WRITE PLAINDY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(151·d)
County training	Registration Dist. No. / 3 (
Village or City Me Doubs	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Smell Asmis Can	stuck
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended doceased from
6. DATE OF BIRTH (month, day, and year) 20mg 39-1934	I last saw h aliva on 3 1, 1934 daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trada, prafassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, atc	Glance were as follows: Outer of a coloniest of the state of a coloniest of the state of the st
Q. I \ work was done as SILK MILL	abonen intestines
SAW MILL, BANK, atc	partuining my 29
12. BIRTHPLACE (city or town) M. Doub (Stata or country)	Othar Contributory Causes of importance:
13. NAME Charles Elmer Cumbrish	
14. BIRTHPLACE (city or town) I when y	Name of operation Data of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AND VIOLET FILE 16. BIRTHPLACE (city or town) Pleasant Vour (Stata or country)	23. If death was due to external causes (VIOL ENCE) fill in elso tha following: Accidant, suicide, or homicida?
17. INFORMANT Ches Ches Cauturaly (Address) Are Tug carro 2nd	Whare did injury occur?(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 31, 1954	Manner of injury
19. UNDERTAKER / Sulling Jennier (Addrass)	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED May 31, 1934 & Cly Krulan Registrar.	(Signad) T. Cly Coulant M. D. (Address) Freely love 20,
76 11 11 6 p :	N OL L C PLI

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDEAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Gallstones	May 1,1923	Gastroenteritis	1 ye	

state OCCUPA-

PHYSICIANS

statement

Exact

classified.

properly

may back

that

08

plain terms,

ıı

EOF

CAUSE mation

S. No. 1

certificate.

Jo

uo

instructions

See

important.

Very

.00

LION

(Address)

(Addrass)

19. UNDERTAKER

20, FILED.

item of pluods

18. BURIAL, CREMATION, OR REMOVAL Manner of injury Neture of injury 24. Was diseese or injury If so, spacify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		NAME OF THE OWNER OF THE OWNER.		

mation

NOLL

plnods item of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as it	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	3 Date of onset
Arterioselerosis	HIN SHIP.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of OCCUPA-

ECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PLAINLY

1. PLACE OF DEATH			(1)-a	0101-
County Frederick			Registration Dist. No. 13	<u> </u>
Village or City Frederick	2	4104	No. St.	Ward
Length of residence in city or town where de	eath occurred. ${\cal L}$	(If mos	death occurred in a horpital or institution, give its NAME instead of street ands. How long in U.S. if of foreign birth?yrsyrs	
2. FULL NAME Mrs. Virgi				
(a) Residence: No. 328 East	: Patrick		St., Ward.	
PEDCONAL AND STATISTIC	(Usual place		If nonresident give city or town a MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Female White		(write the word)	May 28, (Month) (Day)	193 4 (Year)
5a. If married, widowed, or diverged HUSBAND of (or) WIFE of Richs	ard E. Bu	rdette	22. I HEREBY CERTIFY, Thet lattende May 2d, 1934 to May 25th,	ad deceased from
6. DATE OF BIRTH (month, day, and year)	November	10.1844	lest saw her alive on May 25th, 19 3	4 : death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1:30 A.M.	, 14
89 6	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
0 Tendo profession os posticulos			Cerebral hemorrhage	5/23/34
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Housew	fe		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	At Ho	me		
A Frade, profession, or particular to the find of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11. Total ti	ime (years)		
this occupation (month end 3/34	a spai	nt in this 60		
			Other Contributory Causes of Importance: Arteriosclerosis, senile	18 mos
12. BIRTHPLACE (city or town) (State or country) Marylai	nd			
				5
13. NAME Wesley Price 14. BIRTHPLACE (city or town) (State or country) Me ryls			Name of operation Date of	
(State or country) Maryla	and		What test confirmed diagnosis? Was there a	No
15. MAIDEN NAME Ann Kemp	0		23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Ann Kemy 16. BIRTHPLACE (city or town) (State or country) Me war			Accident, suicide, or homicide? Date of injury	
(State or country) Mary	land		Where did injury occur?	
17. INFORMANT Mrs. Alfred (Address) 328 East Pa			(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem.	Dete 5/30	,	Menner of injury	
36 77 774 3 0		-1-	Nature of injury	No
19. UNDERTAKER M. R. Etchison (Address) Frederick Mo.			24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED 30 - Way, 193 U.	Dan-0		(Signed) C. H. Contey	м. D.
	1	Registrar.	(Address) Frederick Mary	1and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1	•	

STATE OF MARYLAND—CERTIFICATE OF DEATH

	infor-	state	UPA-	
	tem of	pluods	f occ	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
3	RECORD.	PHYS	Exact sta	
ING	NENT 1	CTLY.	sified. I	
3 BIND	PERM	DA EXA	erly clas	icate.
FOF	S IS A	e state	e prop	f certif
MARGIN RESERVED FOR BINDING	IK-THI	should be	t may be	back of
N RES	DING IN	AGE	se that i	etions or
MARGI	UNFA	supplied	n terms,	ee instru
•	Z, WITH	arefully	H in plai	rtant. S
	LAINLY	ald be c	F DEAT	TION is very important. See instructions on back of certificate.
	RITE F	tion sho	USE OI	ON is ve
=	-	ma	C	TI

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93%)
County Frederick	Registration Dist. No. / 3 4
Village or City Cla Committeding	No. St Ward
Length of residence in city or town where death occurred. 16 yrs. 5 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Josephine Dys	d.
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH Ward 15 - 100K
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of John Bezard	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Uos. 28-1857	I last saw h_ex/ alive on 5 - 1/ 195 \(\frac{1}{2}\) death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 7 m.
1/ \ \ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work dona, as SPINNER, Lettres	Chronic museudil
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Value Laly	
10. Date deceased last worked at this occupation (month and yaar) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: 5-10-34
(State or country) Medicalored	
13. NAME John wetel	
14. BIRTHPLACE (city or town)	Name of operation none Date of
(Stata or country) Waryload	What test confirmed diagnosis dur cally aug. Was there an autopsy 200
15. MAIDEN NAME Eliza Cilierace	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country) My aryland.	Where did injury occur?
17. INFORMANT Arthus Byand, (Address) tuntal	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GRENOTON, OR REMOVAL	Manner of injury
Place truiteling ledge Wedy 17, 19 34	Nature of injury
19. UNDERTAKER M. J. Shuff S.	24. Was disease or injury in any way related to occupation of deceased? The
(Address) Similaburg and	If so, specify
20. FILED May 16=, 1934 M. The Shuff	(Signed) W.R., Laste, M.D.
Registrar	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Rt. C-	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

R	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	143
1	. PLACE OF DEAT	TH . /		127123-J. C.	(23)	140
Participation of the Participa	CountyFued	eyels	7	/	Registration Dist. No. 144	
	Village or City	Olive k	Vount	am	No. St., f death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
	Length of residence In cit	ty or town where d	eath occurred		ds. How long in U.S. if of foreign birth?yrsmos	
1	FULL NAME	Helen	1 Gir	ginia	Carbaigh	
	(a) Residence: No		0	7	St, Ward.	
CHES	PERSONAL AN	D STATISTI	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	•
3.		R OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	
	Glemale or	Vile-	OR DIVORCE	D (write tha word)	(Month) (Qay)	×
5a.	If married, widowed, or divo	rced				(Tear)
	(or) WIFE of				22. CHEREBY CERTIFY, That I attended dege	ased from
6.	DATE OF BIRTH (month, day	y, and year)	pril 2.	3 - 1932		
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
	2	0	10	I day,hrs. ormin.	The Chose of DEATH and related causes of importance	te of onset
NO	8. Trade, profession, or pa kind of work dona, SAWYER, BOOKKEE	as SPINNER.			Verlusses & Juliany	04
PAT	9. Industry or business in work was done, as S	which	C		2	184
OCCU	SAW MILL, BANK, e	etc	11. 7-0-14	ima (unana)		
ŏ	this occupation (mor	nth and	spa occ	ime (years) nt in this		
					Other Contributory Causes of importance:	1/2,-1
12.	(State or country)	, M	id		Jack	140 %
FER	13. NAME Ja	lin &	arba	ugh		
FATH	14. BIRTHPLACE City or to	wп)	mal.	0	Name of operation Date of	
_	(State or country)	110000	Die	X	What test confirmed diagnosis? X Y Was there an Autop	sy? Le
THER	15. MAIDEN NAME	Trace	fron	ringela	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or to (Stata or country)	wn)	nd		Accident, suicide, or homicide? Oate of injury Where did injury occur?	19
117:	INFORMANT JOY	in Ea	rbang	h	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
1	(Address)	humor	ih In	id		
18.	BURIAL, CREMATION, OR R	LOWN	1 Data Tua	4 5 1934	Manner of injury	
-	Th: 10	11:10	Your a	2016	Traculty of Impuly	
19.	(Address)	mal &	nh !	nd	24. Was disease or injury in any way related to occupation of deceased?	· · · · · · ·
20	EUE May 4	34 Ans	m M	lance	(Signed) Horris aBuch	M, D.
20.	riccourt ben and in the	ran-i kenn	e.kv/.: \$.:	Registrar.	(Address) O Leanney - M	10

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ALCOHOLOGICA CONTRACTOR CONTRACTO	

ADDITIONAL SI	PACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	--------	-----	---------	------------	----	-----------

M	y item of infor- S should state t of OCCUPA-
S S SN	NENT RECORD. Even STLY. PHYSICIAN fied. Exact statemen
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESEI	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly or very important. See instructions on back of certificate.
	ITE PLAINLY, WIT on should be carefully SE OF DEATH in pla is very important.
V. S. No. 1	N. B.—WR matic CAU TION

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
----------	-------	------	----------	------	----	-------

1 04944

1. PLACE OF DEATH	
County Tre devele	Registration Dist. No. 1 3
Village or City Moulevile Amount of Length of residence in city or town where death occurred yes.	Nonsuteen Halitas St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds
	ds
(a) Residence: No. Waterulle (Usus place of abode)	C. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWE OR DIVORCED (carrie the wor	D. 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSSAND of (or) WHE of	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Way 28, 431 7. AGE Years Months Days If LESS th	an to have occurred on the data stated above, at
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Still born (4 month fetus)
12. BIRTHPLACE (city or town) Wary (State or country)	Other Contributory Causes of Importence:
13. NAME Harry J. Sharely 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
15. MAIDEN NAME Rachael Eaun Fly 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT James a Jones Sunt (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Montenas Semely Date May 27, 19	Manner of injury
19. UNDERTAKER James a. Jones Sunt. (Addiess) The denicle in a grand of the lengt of the length of the lengt of the length of the	24. Was disease or injury in eny way related to occupation of deceased? 220 if so, specify

If more blanks are needed, addies State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	7 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ABBITTOMAL	DI ACLI FOR	I OILIILIIL	DIAILMENTS	DI IIII	BIOIZIN	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 11 PEAL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	D—CERTIFICATE OF DEATH
1. PLACE OF DEATH .	@
county Frederica (Registration Dist. No. 144
Village or City Tracellery	No. St., Ward
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number)
21/0	ds. How long in 0.5.11 of foleign birth?
2. FULL NAME faul Law	Toro
(a) Residence: Na. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWI	
OR DIVORCED (write the wo	, 193
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
h 20 1051	last saw h
b. DATE OF BIRTH (month, day, and year)	1 1031 30W II; Death is said
7. AGE Years / Months Days If LESS ti	the state of the s
Filelessa ormir	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Sull book
SAWYER, BODKKEEPER, etc.	
work was done, es SILK MILL, SAW MILL, BANK, etc	Malurely
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
year) occupation	Discourse of the second of the
12. BIRTHPLACE (city or town) Lucelland	Dther Contributory Causes of importance:
(State or country) Manyland	
13. NAME Grany Glenn Crawford	
13. NAME GOOD STREET ST	Name of operation Date of
(State or country) Mangland	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Come Locales Cler	
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17, INFORMANT L. G. Granfox o (Address) Granfox brus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Graceleury Illd Date May 29-, 19	Nature of injury
19. UNDERTAKER Hillyise & Creeges (Address) Thurman III	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Way 29 , 19 34 anna M. Jones	o (Signer) Color Off. Piller M.D.
If more blanks are needed address State P.	N. Ci. I. C P. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
3		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	THE RESIDENCE OF THE PARTY OF T	169
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

If more Clanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

IARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis •	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

BINDING

FOR

RESERVED

IARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
-		
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1	,	1

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

See instructions on back of certificate.

TION is very important.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH .	
County Frederick	Registration Dist. No. 134
Village or City Commitshing	No. St. Josepha Coccego St., Ward
(If	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Bligabeth Curry	(Nisles Magdaller)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man 15"
strale white Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wear 23-1865	last saw h last alive on 3 / 4 198 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
68 11 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Tollows:
8. Trade, profession, or particular kind of work done as SPINNER	Juliana Juhneulans 1929
kind of work done, as SPINNER, Seste of Charity SAWYER, BOOKKEEPER, etc. Seste of Charity 9 Industry or business In which work was done, as SILK MILL.	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and / / / x / spant in this	
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	Other Community Causes of Importance.
(State or country) Www York	
13. NAME Thomas Curly 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
1. 2. 4	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Servitable and	C C C C C C C C C C C C C C C C C C C
18. BURIAL, CREMETION, OR REMOVAL	Manner of Injury
Place Guenitaling Wel Date 5/17, 1934	Nature of injury
19. UNDERTAKER The Shaff J. (Address) Emiliable Fine	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 17, 19 34 M. F. Sheeff Registrat.	(Signed) Morris William In M. D. (Address) Character McD
1000	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Noneman and a second a second and a second a				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ż

S	HAIL	OF MARY	YLAND-	CERTIFICATE OF DEATH 0495	1)
1. PLACE OF DEA	TH,	0			
County Jir	edrich.	60		Registration Dist, No. 135	
Village or City	leasa	ns Wa	Ux	NoSt.,	Ward
to math of available to		4		death occurred in a hospital or institution, give its NAME instead of street and number)	4.
Length of residence in o	or town where	death occurred	yrs,mos	ds. How long In U.S. if of foreign birth?yrsmos	as.
2. FULL NAME	Paul 6	mgene	/'orress		
(a) Residence: No		(Usual place o	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AN	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COL	OR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIOOWED, O (write the word)	21. DATE OF DEATH Way 25, 1934 (Month) (Day) (Fee	· .
5a. If married, widowed, or div HUSBANO of	orced			// //	•,
(or) WIFE of	0			22. I HEREBY CERTIFY, That I attanded deceased	from
University of the second	10	34=14	. 0 20	1 last saw hiele alive on May 25 1936; death i	d floor
6. DATE OF BIRTH (month, da 7. AGE Yaars	y, and year) / 7	Oays	If LESS than	I last saw h. Lee alive on	s said
7. AGE	/	5-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profassion, or	narticular		ormin.	were as follows:	onset
kind of work done SAWYER, BOOKKE 9. Industry or business i work was done, as SAW MILL, BANK, 10. Data deceased last wo	, as SPINNER, EPER, atc.	0		Ash fien presente.	
9. Industry or business i	n which	7		Boja rea joyeania	
work was done, as SAW MILL, BANK,				Passistero She mers?	
0 10. Data deceased last we this occupation (myaar)	onth and	11. Total tie	t in this		
yaai)	W.	-/2 2 /:	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town (State or country)) / Ne	overest	60		
1	-22 1 2 1	IL Mars	011-		
13. NAME (A)	M.	1. 1.000			
4. BIRTHPLACE (city or (State or country)	town)	which	Le-C	Name of operation Date of	
	dellen (VKIL	1/	What test confirmed diagnosis? Was there an autopsy?	NU.
E	0000	2 1 w We	7	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or to State or country)		gime		Accident, suicide, or homicide?, 19_	
(Otala or Goality)	E. Lana	Y asso.	11	Whera did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address)	a syrul	0 12 4, 10	2_	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.	
18. BURIAL, CREMATION, OR			0 /	Manner of injury	
Placa Pros	it le me	My Oate Afril	26,1934	Natura of injury	
19. UNOERTAKER Comma (Address)	wif y	24		24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO May 26	1934 62	Leather	Nan Registrar.	(Signed) Tark Waters (Address) Mel Sterkelle Hd.	_M. D
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Jun 2 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:
Attack of epilepsy 1 week ag
Run over by street car 1 week ag
7 Peritonitis 3 days age
Other contributory causes of importance: Gastroenteritis 1 year
5 1 192 192

PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

certificate.

N.B.

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH	TIL O	I MAIX	ILAND		
County	Treder	icls			Registration Dist. No.	12/
Village or Length of re	City M b	uteur town where de	ath occurred		ND. Mouteure Dafutas: death occurred in a horpital or institution, give it NAME instead of the control of the	St., Ward
	AME W	$\sim \wedge$	anto.	H	Λ'	
		Q I	ga rue	tran		
(a) Resid	ence: ND	Eau	(Usual place	of abode)	St., Ward. If nonresident give only of	or town and State
PERSO	NAL AND	TATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF D	
3. SEX Tunale	4. COLOR OF	te	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH Way (Month) (Day	, 193 ⁷ /
5a. If married, wid HUSBAND of	owed, or divorced	^ .			0 ,	
(or) WiFE ot		els y	ravel		22. I HEREBY CERTIFY, That april 12 ,1934, to Man	
		74.	. 0 0	(61/0)	I last saw h. 27 alive on M. Cars	()
6. DATE OF BIRTI	rears	Months	Davs 7	It LESS than	to have occurred on the date stated above, at 9,15 C.m.	; death is said
	0 9	1	9 /	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impo	rtance
8. Trade, pro	tession, or particu	lar	4	ormin.	were as follows:	Date of onset
o kind of	t work done, as S ER, BDDKKEEPER,	PINNER. L	tousen	ife	Auralyans	24-021
9_tndustry o	r business in whi	:h			Jan 2	again the
B SAW N	was done, as SILK MILL, BANK, etc					
O 1D. Date dece	ased last worked cupation (month a	at nd	11. Total tin	tin this / A man		
year).	s yes a	2	00:0	pation	Other Contributory Canses of Importance:	
12. BIRTHPLACE (Ja.				
1		4	. 0		Corles - Selaros	1920
13. NAME 14. BIRTHPLA	Moses	+10	well			
4. BIRTHPLA	CE (city or town)_ or country)	Va	a		Name of operation	Date of
œ	20		0.	1	What test confirmed diagnosis? Wa	s there an autopsy?
	NAME Eles	a cem	- Cuo	welle	23. If death was due to external causes (VIOLENCE) fill in also t	
	CE (city or town)_ or country)	V 2	<u> </u>		Accident, suicide, or homicide? Date of inj	ury 19
17. INFORMANT	James Morrier	· Q. J	pilal g	e d'Aluid	Where did injury occur?	nty and State) PUBLIC PLACE.
18. BURIAL, CREM	ATION OR REMO	VAL 100	U m	2 1	Manner of injury	
Place	monig	. 0	Date endu	1934	Nature of Injury	
19. UNDERTAKER (Address)	mank.	m. Fr	avel		24. Was disease or Injury In any way related to occupation of de It so, specify	ceased? Des
20. FILED 2 - h	ray , 193	1	Imae	kegistrar.	(Signed) 100 Hz	ich mel
	0	If more bl	anks are needed, a	ddres State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforupplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING AGE should be B.-WRITE PLAINLY,

GAUSE OF DEATH in plain terms, so that it may be properly of UION is very important. See instructions on back of certificate. mation should be carefully supplied.

1. PLACE OF DEATH		(82-F)	
County Frederick		Registration Dist. No. / 2/	
Village or City Near Lander		No. 17-2-6.	Ward
Length of residence In city or town where deeth occurred		death occurred in a horpital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	
2. FULL NAME David Cornelius Fry (a) Residence: No. Near Land (Usual place of a	u home	St., Ward. If nonresident give city or town and	
PERSONAL AND STATISTICAL PARTICU	Н	MEDICAL CERTIFICATE OF DEATH	Diare
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BYTORCED (write the word) Widower		21. DATE OF DEATH May (Month) (Day)	f93_4 (Year)
5a. If married, widowed, or dworded HUSBAND of (or) AFF of Emma R. Feaster		22. I HEREBY CERTIFY, That I attended of	feceased from
6. DATE OF BIRTH (month, day, and year) May 13.185	,	1 last saw 1 cm elive on May 7 , 1934	
7. AGE Years Months Days	If LESS than f day,hrs. ormin.	to have occurred on the date stated above, at _9.3.00 Am. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Data of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Favork work was done, as SILK MILL, SAW MILL, BANK, etc. At Home this occupation (month and spantic spantic)		Thurlows y Central Viral Bruch frammia Myreadich failme	mar. 6,30
SAW MILL, BANK, etc	(years)		
12. BfRTHPLACE (city or town) Maryland		Other Contributory Causes of importance: Signality of actions class	
音 f3. NAME Isaac Fry) Ky Pertinsuis	
f3. NAME Isaac Fry f4. BIRTHPLACE (city or town) (State or country) Louid on Co. Va.		Neme of operation Date of	ntoney?
		23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Mary C. Yakey 16. BIRTHPLACE (city or town) (Stete or country) Loudon Co. Va.		Accident, suicide, or homicide? Date of injury	
f7. Informant Mrs. J.M. Nuse Near Lander		Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL Place Jefferson Reformed Dem. 5/	10/34	Manner of Injury	
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland	0	24. Was disease or injury In eny way related to occupation of deceased?	70
20. FILED 9-may , 192 4 8000 ml	Registrar	(Address) Jeffer Mg	м. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			, -
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
Tanatorica	May 1,1923	THE OPERATOR OF THE OPERATOR OPERATOR OF THE OPERATOR OPERATOR OPERATOR OPERAT	1 year

				the state of the s		See .
ADDITIONAL.	SPACE E	OR E	GRHTTHE	STATEMENTS	RV	PHYSICIAN
TIDDIKKOTIZKE	DE ZEORI E	OIC I	CICITITIE	DISTINGUISH	27.2	THEFOROTARIA

STATE OF MARYLAND-	CERTIFICATE OF DEATH 04954
1. PLACE OF DEATH	
County Tre derics	Registration Dist. No./ 2/
	Registration Dist. No./ 82
Village or City My onleve Angeluf	No. Mouleur Popular St., Ward
Length of residence in city or town where death occurred 9 yrs 3 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) 2 D ds. How long in U.S. if of foreign birth?
2. FULL NAME James albert Site	ugli
(a) Residence: No. Yee develo Mic	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
male White senal.	. May (Month) 3 193 4 (Year)
5a. If interried, wigowed, or divorced	(lear)
(or) WHE of	22. I HEREBY CERTIFY, That I attended deceased from
sugo	March 11 ,1927, 10 Thay 3 ,1934
6. DATE OF BIRTH (month, day, and year) . Nov [8, 1856	I last saw h Line aliva on May 3 U1924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at/_U_Qm.
77 5 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular Program of Co. 1	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	,
9. Industry or business in which	Conquera Restans de 3
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this security that the security t	
year) Same 1-9-2-5 spentin this occupation 56 Ma	
12. BIRTHPLACE (city or town) Waryloud	Other Contributory Causes of Importance:
(State or country)	Characia Maria 17 19-7
13. NAME 3 QQ 60 Q	www.jnyocaesus /121
The state of the s	
14. BIRTHPLACE (city of town) Wary and Collection (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Wary Warr	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Waly and	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT James Q. Jones Le at.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Morterry Hospital Tree 1 K. M. d	
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
Placa M. oliver Cen Data Ollay 3, 1937	Natura of Injury
108. 108 is + In	24. Was disease or injury In any way ralated to occupation of deceasad?
19. UNDERTAKER (Address) Frederick Ned.	
11/1 2/1/2 / 5- 20	If so, specify
20. FILED 4 May, 195 4 Coa melinely:	(Signed) M.D.
Registrat.	(Address)
If most blanks are needed, address Style Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death moans the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAL V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
MINDITIONAL	DI 21 UI3	LOW	T. O ICT TITIZE	DIWITIMITATO	APA	THEOTOTICAL

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

Exact statement of OCCUPA-

mation should be carefully supplied.

FION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	04300
county of rederick.	Registration Dist. No. 139
Village or City Lale Dan album	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME WEEK & YOUR	ard of
(a) Residence: No.	orste Ward. Ballo Md.
TATE S (Crue place at abotte) MD.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, OR DIVORCED (write the word)	21. DATE OF DEATH may 19 193 4
male while married	(Month) (Day) (Yeaf)
Fig. If married, widowed, or divorced HUSBAND or TO	22. 1 HEREBY CERTIFY, That I attended deceased from
Catherine U. Jolhard	Cyfril 27,1934,10 May 19, 1934
6. DATE OF BIRTH (month, day, and year) Warch 4. 1874	I lest saw ham alive on May 19 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3: 43. 1.m.
60 2 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of officers
SAWYER, BOOKKEEPER, etc	RITION
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Ourmoriany) werculosis
11. Total time (years)	
this occupation (month and 5 yrs ago spent in this 3 8 yr	25
12. BIRTHPLACE (city or town) Mauland,	Other Contributory Causes of importance:
(State or country)	
13. NAME Joseph Yothard	
14. BIRTHPLACE (city or town) Gnaland.	Name of operation Pale of
(State or country)	What test confirmed diagnosis? Chest X ray, Pos Was there an au'opsy? No
15. MAIDEN NAME Mary Yorkins	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) I Reland.	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did Injury occur?
17. INFORMANT Catherine Lothard	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 1216 Caroline St. Balto. Md.	***************************************
Place Salto. Md Date Linknown	Manner of injury
Piece Date Investigation of the Contract of th	Nature of injury
19. UNDERTAKER W. J. Wagn	24. Was disease or injury in any way related to occupation of deceased?
(Address) www.ont.	If so, specify
20. FILED Of G 19 19 Resistrar	(Signed) Atale San a torres M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1994	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU Y. S.	July 5,1927	Peritonitis	3 days ago	
*					
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

certificate.

back

instructions

very important.

NOIL

mation

OCCUPA-

should

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage REINFALL V. D.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ä

STATE OF MARYLAND-CERTIFICATE OF DEATH

04957

well

1. PLACE OF DEATH	(Fig.)
county I reclirich	Registration Dist. No. 132-
Village or City	No. St. Ward
(lf	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Guyton	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 41.
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of	May 9 ,1934, to May 9 ,1954
6. DATE OF BIRTH (month, day, end year) May 7, 1934	I last saw have alive on May 8 & 19 : death is sald
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at . 7. Al., m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Conoculeal mal-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end this programme) in this country in this	Lamestion of hart
SAW MILL, BANK, etc.	
O 10. Date deceased last worked et this occupation (month end year) spant in this occupation	
7 111+	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) MCCCC Cour. (State or country) Many Care C	
11.000 12.000 1	
E SOLL SOLL SOLL SOLL SOLL SOLL SOLL SOL	
Z 14. BIRTHPLACE (city or town) S 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of operation Date of
	What test confirmed diagnosis? Was there en au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) SYKETSYVE (Stete or country)	Accident, suicide, or homicide?
11.11.6.1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT AY EAST STATE MICH.	Specify whether injury occurred in INDUSTRI, in NOME, of in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece 1835311 1000 Date 137 10 1934	Nature of injury
19. UNDERTAKER C.T. K.G. 18dhall	24. Was disease or injury in any way related to occupation of deceased?
(Address)	W'so, specify
20. FILED TT/OS A 19 344) Francisco Succes	(Signed) RV Hause M. D.
20, FILED F. T. CO. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	(Address) Muldelatocoss

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regitating V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUNLAU	July 5, 1927	Peritonitis	3 days ago
b' - work for a common again			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04959		
1. PLACE OF TEATH	CENTIFICATE OF DEATH		
County tredericke	Registration Dist. No. 144		
Village or City new Votica	No. St. Ward		
1/1) (If	death occurred in a horpital or institution, give its NAME instead of street and number)		
2. FULL NAME	1/4		
(a) Residence: No.	Variation Word		
(Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female Stute 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH 29, 193 4 (Magyli) (Dat) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
whar haper	Jeg 24 ,1931, 10 May 29 ,19 34		
6. DATE OF BIRTH (month, day, and year) May 20 - 1853	I last saw h Le alive on May 291 , 19 74, deeth is said		
7. AGE Years Months Days Vif LESS than 1 day,hrs.	to have occurred on the date stated above/atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance		
8. Trede, profession, or particular	were as follows:		
kind of work done, es SPINNER, Janusery	Caramona of live		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (months and this preparation (months)).	1931		
O 10. Date deceased last worked at this occupation (month and)			
this occupation (month and ling 1929 spent in this year)			
12. BIRTHPLACE (city or town) Hahrsonville	Other Contributory Causes of importance:		
(State or country)			
13. NAME Jachua Cravel 14. BIPTHPJACE (city or town) Hansonville			
4 14. BIPTHPYACE (city or town) Hanson (State or country)	Name of operation Date of		
15. MAIDEN NAME hashtheeklister	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city of town) Language 19	Accident, suicide, or homicide? Date of injury, 19		
State or country	Where did injury occur?		
17. INFORMANT MAD Coffin of Stattlemyer (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OF REMOVAL Place Dete France 1 193 V	Manner of Injury		
Place Determine The Property of the Property o	Nature of injury		
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased? 700		
20. FILED May 3 / 1934 Arma Ma Parelo Registrar.	(Signed) DEAN JV. Land M.D. (Appress) Valkersville M.D.		
If more blanks are needed, addiess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1004	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	The state of the s			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
A				

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUDEAU S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		- In-the property of the second	

CTL

4 EX

classified.

certificate. properly

back may

on

instructions

See

important. MOTHER

TION

se that

in plain terms,

should be carefully

CAUSE OF DEATH

7. AGE

OCCUPATION

FATHER

INK-THIS

STATE OF MARYLAND—CERTIFICATE OF DEATH 04961 OCCUPA-1. PLACE OF DEATH plnods of PHYSICIANS RECORD. Every statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE

Months

5a. If married, widowed, or divorced HUSBAND of (or) WHFE of

6. DATE OF BIRTH (month, day, and year)

10. Date deceased last worked at this occupation (month and

12. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town (State or country)

16. BIRTHPLACE (city or town) (State or country)

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER (Address)

8. Trade, profession, or particular kind of work done, as SPINNER,

SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc._____

Years

OR DIVORCED (write the word)

11. Total time (years) spent in this

occupation

Days

If LESS than

1 dayhrs. ormin.

100			
Reg	gistration Dist. No.	13	4
No. ath occurred in a hospital or institution, give	in NAME:	St.,	Ward
ds. How long in U.S. if of foreign			
. 0			J
0			
St., Ward.			
	nonresident give city or		State
MEDICAL CERTIF	FICATE OF DE	EATH	
1. DATE OF DEATH	t. 91	4	1
(Mont	h) (Day)		193(Year)
	1		(1777)
2. O I HERENY CE	RTIFY, That I	attended d	eceased from
May 6 4 193)	c, to rolly	7.5	, 19.2.4
I last saw h alive on _ Pot-A	y 9 3	, 1934	; death is sald
to have occurr on the date stated ebove,	1.6 pim.		
The PRINCIPAL CAUSE OF DEATH and r were as Iollows:	elated causes of import	tance	
		Marie	Dete of onset
	7		1.
a plant	ulumo	ua	5/6/30
			-ff-8-7
(Interior Stiller	- 11 hall	£	X
	ulles des	211	MANUAL
Other Contributory Causes of importance:	The state of the s		1000000
·····			
Name of operation		Date of	ν
What test confirmed diagnosis?	Was	there an au	itopsy?
3. If death was due to external causes (Vid	LENCE) fill in also th	e following:	
Accident, suicide, or homicide?	Date of inju	гу	, 19
Where did injury occur?			
Specify whether injury occurred in INDUS	cify city or town, coun	ty and State) CE.
Manner of injury			
Nature of injury			
			4
4. Was disease or injury in any way relate	ed to occupation of dec	eased?	· U:
If so, specily	100	.	7
(Signed)	- AND	wo	M. D.
(Address) Las IV	110 110000	20.00	110

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

WRITE mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU Y S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SHREAU Yar O	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

m

20. FILED MAY 22.

STATE OF MARYLAND 1. PLACE OF DEATH County Village or City Length of residence in city or town where deeth occurred yrs,	Registration Dist. No. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME David Emmel Hold	and h
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer)	1 HEREBY CERTIFY, Thet I ettended deceesed from May 20, 19 34 I last saw h
7. AGE Yeers Months Days If LESS th 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	Lolar Premoria 5/14/94
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
13. NAME D 3 Holland 14. BIRTHPLACE (city or town) MA	Neme of operation Date of
(State or country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Colna Whalen 16. BIRTHPLACE (city or town) (Stete or country)	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT D3 Hollands (Address) Sunswip met	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL PIECE Science State State Dete 1844 22 19	Menner of injury
19. UNDERTAKER 17 13372 Joen	24. Wes disease or Injury In any way releted to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ay W. Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

mation should be carefully supplied.

STATE OF	- MAR	VI AND-	CERTIFICATE OF DEATH 04964
1. PLACE OF DEATH	MAK	ILAND	CERTIFICATE OF DEATH
County Fisheria	A Alth	in the cont	Registration Dist. No. / 2/
17,		The state of the s	A MARIA A MARI
		(If	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city, or town where dear	th occurred	yrsmos	
2. FULL NAME Unfamp	Hol	ti (not	manned)
(a) Residence: No. 2(5-6)	(Usual place of	of Anda)	St., Ward.
PERSONAL AND STATISTIC			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
1	SINGLE, MARK	RIED, WIDOWED,	21. DATE OF DEATH
Hemal Whiles	OR DIVORCED	(write the word)	Mas 20 1984
a. If married, widowed, or divorced HUSBAND of	-1 1)	
(or) Wife or	Zut	Carlo Barrier P. Carlo	22. I HEREBY CERTIFY, That I ettended deceased from
5. DATE OF BIRTH (month, day, and year)	, ,	1934	I last sew h leading on 19 My death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at
8 8	70	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		į uras sami.	were as rollows:
SAWYER, BOOKKEEPER, etc.			P A
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-		Machita 4/5
10. Date deceased last worked at this occupation (month and	11. Total tin	me (years)	AN SA
year)	- Oceu	pation	
12. BIRTHPLACE (city or town) The design	0/3		Other Coutributory Causes of Importance:
(State or country)	· · · · · · · · · · · · · · · · · · ·		
13. NAME desle for	01-		
14. BIRTHPLACE (city or town).	Pen =		Name of operation Date of
(State or country)	19-1		Whet test confirmed diagnosis?
15. MAIDEN NAME Office	lauf		23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	endedg.		Accident, suicide, or homicide? Date of injury, 19
-1.0.11	1		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
7. INFORMANT OFFICE AND A CANADA CONTRACTOR (Address)	sides	Ind.	Specify whether injuly occurred in INDUSTRI, in nome, or in Public PLACE.
8. BURIAL, CREMATION, OR REMOVAL			Manner of Injury
Place X Elliston Ma	Date / 100	5-2/-,193.4	Nature of injury
9. UNDERTAKER M. L. Lonea	sesoff-		24. Wes disease or injury In any way related to occupation of deceased?
(Address)	15 749		If so, specify
a FILED 21 tray , 1984 may	mec	my	(Signed) M. D.
If more blan	nks are needed, ac	Registrar idress Sine Registrar,	(Aidress) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes Date of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DURCAL Y S				
Other contributory causes of importance:		Other contributory causes of importance:	7-1-1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

1

20. FILED

STATE OF WARTLAND	CERTIFICATE OF DEATH
PLACE OF DEATH	(23)
County of rederick	Registration Dist. No. 137
Village or City State Sanatorum	No. Md. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
FULL NAME CURLISP)	itlon - 10
(a) Residence: No.MARYLAND TUBERCULOSIS SANA*	TORSIUM Ward. Olla, Bala Co. Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (raprice the word)	21. DATE OF DEATH Way 6 , 193
If married, widowad, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) Wife of	22. I HEREBY CERTIFY. That I attended deceased from
ATE OF BIRTH (month, day, and year) 0 ct. 25. 1902	I last saw h I was alive on May 16 1934; death is said
GE Years Months Days If LESS than	to have occurred on the date stated above, at 4.45 1 m.
3 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulman ary Tuler cultrin
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation many	ww
BIRTHPLACE (city or town) West Va.	Other Coutributory Causes of importance: Tuther couldness hyphratics
13. NAME Harry Autton	Julience Constitus.
14. BIRTHPLACE (city or town) Same (State or country)	Name of operation Date of What test confirmed diagnosis? Chept Xxxxx Was there an au'opsy? Mi
15. MAIDEN NAME Hattie Dick	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) What was a country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
(Address) () ell a madinision	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Thurmont md Date more usin	Manner of Injury
UNDERTAKER M. L. Colador (Address) Thursday	24. Was disease or injury In any way related to occupation of deceased?

CTATE OF MADVIAND CEDTIFICATE OF DEATH

(Address)

Registrar.

Statement of occupation.-Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carcfully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
THE SHALL SHE WAS A SHOWING A SHOW				

V. S. No. 1

1 81 405 0		JF MARTLAND	-CERTIFICATE OF DEATH (14)
1. PLACE OF	rederick		Registration Diet No. /3 4
	00	L p	negistration Dist. No.
Village or C	ity framit	chung	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and numbe
Length of resi	dence in city or town where	death occurredyrs,	nos 5ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NA	VIE / COT	re many	or /
(a) Residen	ce: No	(Usual place of above)	Jt., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH 5- 19-
5a. If married, widow	1	sunge	(Month) (Day)
HUSBAND of (or) WIFE of			22. SHEREBY GERTIFY. That I attended decea
6. DATE OF BIRTH	month, day, and year)	mary 16-193	I last saw h Aw alive on 5 19 19 19 deal
7. AGE Yea	rs Months	Das If LESS that	
		3 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profes	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Trove	angenilal aleleolans - 5-
9. Industry or work was	business in which done, as SILK MILL, L, BANK, etc	Sejout	
	ed last worked at pation (month and	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (cit	y or town	intolina	Other Contributory Causes of importance:
(State or cour	, ,	rud (
13. NAME 1	tubert &	my	
14. BIRTHPLACE (State or	' '	ildetown	Name of operation Date of The What test confirmed diagnos Plucal Exam Was there an au'ops
15. MAIDEN NA	ME Koce Yer	trude Sebold	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NA	(city or town)	utaling	Accident, suicide, or homicide?, Date of injury,
≤ (State or	country)	med.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Hulert	litiling med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRAMAT	ION, OR REMOVAL	740 10 5	Manner of injury
Place	wishing his	L Date May 19, 193	Nature of Injury
19. UNDERTAKER (Address)	lu Josh	Hather wed	24. Was disease or injury In any way related to occupation of deceased?
4.	19.1934 m	1 P 8 1 1 11	(Signed) With taske -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis GEIVEU	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
------------------	-------	---------	------------	------------------------	-----------

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04967
1. PLACE OF DEATH	207-9
County freduces	Registration Dist. No. 148
Village or City Inches	No. A Country (III) NOT THE SAMULA WARD (Instead of street and number)
Length of residence in city of town where death occurred	2 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William John 16	malke me 1. 200
(a) Residence: No.	St., Ward. Maddon Transident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MONTHED, WIDOWED,	21. DATE OF DEATH
male while or De (write the word)	(Month) (Dy) (Year)
5a. If mastrict, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WHE of	May 2 7 , 1934, 10 May 2 9 , 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h. Im. elive on May 2, 1934; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at LQQ in. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Laborate SAWYER, BOOKKEEPER, etc.	May 27
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and 0/34 spant in this occupation	Other Contributory Causes of Ipaportance:
12. BIRTHPLACE (city or town) Moderon SU	Tramatic augustation This
(State or country)	Internal hypries:
13. NAME TO MANAGEMENT	De Colon De La De May 28
14. BIRTHPLACE (city or town)	Name of operation le auspealation femme Date of Mos 18-3 What test confirmed diagnosis Was there an au'opsy? Zee
15. MAIDEN NAME CONSEL	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) My Jones	Accident, suicide, or homicide? (Ice Mengoate of Injury)
(State or country)	Where did Injury occur? 2st O. R. R. Tracks. Burnswill (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Ir amounting aufulation ay Knee
Place Wild all of Old Date 1931, 1931	Neture of injury reprise D. Chent (abdomen left)
19. UNDERTAKER M. I. Glelleson & for	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Platench Ma	(Signed). E. Thomas M. D.
20. FILED 30 - May, 1934 Ampleud	(Address) to ellerate and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Exampl II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal tase of death and related causes of importance where a collows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 12 2	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
		1 3 2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04968
1. PLACE OF DEATH	20 120
county chederus	Registration Dist. No.
Village or City State Sanatorum	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmas.	
2. FULL NAME THE SCHLOSIS SANAT	ORIUM DO TO 10 1
(a) Residence: No. 3.13.2. O all ford of the deal many mineral many many many many many many many many	St., Ward. O all o' Ma. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (se) WHEE of Company.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) UNC 23. 1888	I last saw h. Ma. alive on M. A. 1934; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abovo, at
45 10 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAW MILL, BANK, etc 11. Total tima (years) This occupation (month and the spent in this seem to the seem to t	I ulmonary warmens
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked et this occupation (month and Jell 1934 spent in this occupation works)	
yaar) Tel-1934 occupation makmour	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Thomas Kelly.	
13. NAME Thomas Colly. 14. BIRTHPLACE (city or town) I reland.	Name of operationOate of
(Stata of country)	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME COUNT	23. If death was dua to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Coul 16. BIRTHPLACE (city or town) 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANTOMA 4. Kelly (Address) 3132 Oak bord ave, Balto md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 19	Manner of Injury
In P. P. a dident	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER VV d. (Address) Thank with the desired of the control of the contr	If so, specify
20. FILED A F. 19. Registrar.	(Signed) Lewards. M. O. (Address) State Sanatorum M. O.
If more blambs are meeded address State Desistants	And M. Charle Court Publisher Programme 771 C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
W 4 4022	Other contributory causes of importance:		
May 1,1923	Gastroenteruis	1 year	
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

No. 1	B.—WRITE PLA	CAUSE OF D	TION is very
V. S. No. 1	z'(T)

	County 7 raderiels		(/3/)			
	1 500/3			Davidson Maria	1	3 /
	Village or City VV	willo		Registration	Dist. No	
			death occurred in a hospital or iostit	ution, give its NAME	instead of street and	wa d number)
	Langth of residence in city or town where	leath occurred wismos	ds. How long in U.S. if	of foreign birth?	yrs	mos
2.	FULL NAME Mary	Calherine	Kline			
	(a) Residence: No.	(Usual place of abode)	St.,Ward.	If nonresident	give city or town ur	d State
	PERSONAL AND STATIST		MEDICAL C	ERTIFICATE		Id Diale
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	may	3	1024
ia. If	married, widowed, or divorced	maowea		(Month)	(Day)	(Year)
(HUSBAND OF Mickel	Kline	22. I HEREB	Y CERTIFY	Y. Thet I attende	d deceased f
6. DAT	TE OF BIRTH (month, day, and yeer)	e-26-1849	I last saw h	may 2	198	C, death le
. AGE	E Yaars Months	Oeys If LESS than	to have occurred on the data stat		m.	
1	84 4	2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEA were as follows:	TH and ralated cause	s of importanca	Oateofo
	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	en semile	aslesso Se	lesasa	3	191
	9. Industry or business In which	word of				
207 >	work was done, as SILK MILL, SAW MILL, BANK, atc	~ _ 1				
3 10	O. Date decaesed lest worked at this occupation (month and	92311. Total time (years) spent in this			•	
	year)	occupation occupation	Other Contributory Causes of imp	ortanca:	a. M	4.0
2. B1	(Stata or country)	Mariland	Chrome ander	elikova	& alpha	4/70
13	3. NAME LAS MO	Marshaua				
	- Kuco - III u	01 1 00	Marine de la Novembra			
	4. BIRTHPLACE (city or town) (Stata or country)	and and	Name of operation What test confirmad diegnosis?			
15	5. MAIOEN NAME Rebec	cathroswicho.	23. If death wes due to external ca			
16	6. BIRTHPLACE (city or town) 24	grilando	Accident, suicide, or homicide?			-
E	(State or country)	regland	Whera did injury occur?			
7. IN	FORMANT Bruce J.	almer	Specify whether Injury occurred I	n INDUSTRY, In HOM	owo, county and Sta ME, or In PUBLIC P	ate) LACE.
8. BU	JRIAL CREMATION, OR REMOVAL	× 24 , 24	Manner of injury			
0	facethorner ene	20ate May -6-, 1834	Natura of injury			
9. UN	NOERTAKER EMONY 7 X	Ithsburg R.J.	24. Wes disaasa or injury In any w	vay related to occupa	tion of dacaased?	
20. FiL	LED May 4 , 1934 Cha	sles L. Leatherna	n (Signed) (Address) (Address)	falle	9 0000	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago 1 week ago
Run over by street car	1 avaals ago
	I week ago
Peritonitis	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	----------------	------------	----	-----------

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

-WRITE PLAINLY,

V. S. No. 1 m ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14970)
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 134
Village or City wear Tunt SX Wanys	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME Travers Les /tol	26
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Cusle Cupits 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 25 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	27. May 15 1934 to May 25 1934
6. DATE OF BIRTH (month, day, and year) While 7 1934	Hast saw h area alive on May 24 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 939, m.
- / 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Made, profession, of particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho fremum 5-9-34
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programme) spent in this security in the same than the	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town)	Other Coatributory Causes of Importance:
	,
T 44 7 4 M 711	0
(State or country)	What test confirmed diagnosis lucal Care Was there an au'opsylve
15. MAIDEN NAME Dessie Warrengeets 16. BIRTHPLACE (city or town) Hagustafin 3	23. If death was due to external causes (VIDL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Sagustafun (State or country)	Accident, suicide, or homicide?
17. INFORMANT Emanuel tolk (Address) Thurwat and R.3	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Web - St. Many Wed Date May 26, 19 3cf	Manner of injury
19. UNDERTAKER W. J. Shiff will will	24. Was disease or injury in any way related to occupation of deceased?
The same of the same	(Signed) LATP (last

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

	Village or City Fredering LIMIT THIN CORPE	(It 105/以上3 / 181	No. Treduit Certy No. St., death occurred in a horpital or institution, give its NAME instead of street and numl	Wa
2	Langth of rasidenca in city or town whera death occurred. FULL NAME Helen May		St. Ward. Emmillebour. M.	d_
not on colo		lace of abode)	If nonresident give city or town and Stat	le
3. 5	PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	Amala While OR TO	MARRIED, WIDOWED, RCED (write the word)	May 28 , 19 (Month) (Day)	(Year)
5a.	If matried, widewood, or divorced HUSBAND of (or) WHE of		22. I HEREBY CERTIFY, That I attended dace May 20 19 34 to May 28	eased
6. I	DATE OF BIRTH (month, day, and year)	10-1923	last saw h er alive on May 28 ,19 34; de	eath Is
7. /	GE Yaars Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7:15 m. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
NO	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	~	Acute appendicitis	ate of o
CUPAT	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.			
000		stal time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) Emmils (State or country)	lurg	Other Coutributory Causes of importance: Post operative lobar	
E 1	13. NAME CLUTUOSOS	a.	pneumonia	
FATHE	14. BIRTHPLACE (city or town) (State or country)		Name of operation Appendectomy Date of 57 What test confirmed diagnosis? Operation was there an au'o	20 psy?
ER	15. MAIDEN NAME anna 13. /	Loonly	23. If death was due to external causes (VIOLENCE) fill in also the following:	
OTHE	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	., 19
17.	(State or country) The	rik_	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMATION, DR REMOVAL Place Commission & Date Mis	vay 30, 1934	Manner of Injury	
19.	UNDERTAKER Millhighe & Oree (Address)	eger,	24. Was disease or injury in any way related to occupation of doceased? U	D
	FILED 28 May, 193 & Am	Questy Registrar.	(Signed) (Address) T. A. A. A. A.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

04972

				M	
00	RD.	CORD. Every item of infor-	iter	n or	infor-
PH	YSI	PHYSICIANS should state	Sh	plno	state
lct	stat	act statement of OCCUPA-	Jo	000	UPA-

FOR BINDING

IARGIN RESERVED

Exa EXACTLY. IS A PERMANENT properly classified. certificate. stated UNFADING INK-THIS AGE should be See instructions on back of

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

1. PLACE OF DEATH			46			
County Frederick		WARRIN E	Registration Dist. No. /3/			
Village or City Frederick Length of rasidence in city or town whara d	leath occurred.	jt " (II	No. St., Ward Geath occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long In U.S. If of foreign birth? yrs. mos. ds.			
2. FULL NAME Mrs. Minni (a) Residence: No. 13 W. Fi	e Kate Ke fth Fig. (Usual place	derich.	St., Ward. If nonresident give city or town and	State		
PERSONAL AND STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAT OR D. VORCE WICOW	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 14, (Month) (Day)	, 193 4 (Yeer)		
5a. If morried, widowad, or divolced HU350AND of (or) WIFE of J. Frederic			1 HEREBY CERTIFY. That I attended 1937, to 2009 14	, 19.39		
67 8	pt. 6, 1 Deys 8	If LESS than I dey,hrs.	I last saw her alive on			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sp3	ime (years) ntin this 45 upation	Carenonia 17 restum + metastais	Date of onset		
12. BIRTHPLACE (city or town) Marylan (State or country)	d		Other Contributory Causes of importance:	,		
13. NAME Jacob Dadisman Maryla 14. BIRTHPLACE (city or town) (Stete or country)			Name of operation	utioney?		
15. MAIOEN NAME Susannah Maryl 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Miss. Marian Ko	and	ty	23. If daath was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
(Address) Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Fre		16, ,19 34	Manner of Injury			
19. UNDERTAKER M. R. Etchiso (Address) Frederick, Md		elindy:	24. Was disease or Injury In any wey related to occupation of deceesed? If so, specify (Signed)			

If more blanks are needed, address State Desistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

If more blanks are needed, address Slot Registrar, 2411 N. Charles Street Baltimore, Requesting V. S. No. 1.

IARGIN RESERVED

state

S

PERMANENT

THIS

CTI classified

1

国

proper

may

that

plain

DEATH

OF

CAUSE mation

should

supplied.

carefully

pluods

-WRITE

BINDING

FOR

occi plnods

statement PHYSICIAN ECORD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
E	1915	Attack of epilepsy	1 week ago
	1921	Run aver by street car	1 week ago
80 KEVI	July 5, 1927	Peritonitis	3 days ago
f importance.		Other contributory course of importance	
or importance:	May 1,1923	Gastraenteritis	1 year
	h and related causes ws:	h and related causes 1915 1921 July 5,1927 of importance:	th and related causes Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run aver by street car July 5, 1927 Peritonitis Other contributory causes of importance:

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA. stated EXACTLY. PHYSICIANS MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (149/4
1. PLACE OF DEATH	(E9)
County Frederick	Registration Dist. No. / 3
Village or City Donles	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmos,ds,
2. FULL NAME allowa Elvin La	um
(a) Residence: No. / Doubs Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH May (Monthly (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceesed from May 4 1934
6. DATE OF BIRTH (month, dey, end yeer) May 4 -19 3 %	I last saw h. 1.227 alive on Thorn 19 3 %; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above at . 8 . 3
O O O 1 day, 9. hrs. or 30 min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Data of on sat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this pecuation (month and property) this pecuation (month and property) speak In this	Premature Birth
work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at this occupation (month and spant in this	
O this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) Couls	Other Cantributary Causes of Importance:
(State or country) Massyland	
13. NAME Clonys Elvin dams	4. 1
13. NAME Clonya Elvin Adum.	Name of operation Date of
(State or country) Frederick Co. Md.	What test confirmed diegnosis?
15. MAIDEN NAME Minn's Elizabello Britett 16. BIRTHPLACE (city or town) Point of Rocks (State or country)	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Pour & Racks	Accident, suicide, or homicide?
E (State or country)	Where did Injury occur?
17. INFORMANT Clorya Elvis Hammy (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jefferson Date May 3 , 1934	Nature of Injury
19. UNDERTAKER	24. Wes disease or injury In any wey releted to occupation of deceased?
(Address)	If so, specify A A A
20. FILED 11 my 5, 1934 / Clyle Spelan Registrar.	(Signed) Samuel a Hobe M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	th department	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

	-6	0	04	pa-
- 11	1	9	4	. 1
V	T	V	0	6.7

1. PLACE OF DEATH .	92.0
County Frederick	Registration Dist. No. 13
Village or City Mean Liberty town	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
111 - 11 ()	100 100 100 100 100 100 100 100 100 100
2. FULL NAME Marcella Leurs	
(a) Residence: No. Authority (MO) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Formale Color and Windows of write the word)	May 9th 1934
ia. If married, widowed, or divorced	(Yonth) (Oay) (Year)
HUSBAND of (or) WIFE of W. Dl.	22. I HEREBY CERTIFY, That I attended deceased from
A time	may 2 - 1934, 10 May 9, 1035
5. DATE OF BIRTH (month, day, and year) Jan 121 /850	I last say her allve on May 9 1,192 5, death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
80 0 9 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Valvular disesse of heart Muture
9. Industry or business in which	"Valvuler disesse of heart Kulmour
work was done, as SILK MILL, SAW MILL, BANK, etc.	J
10. Date deceased last worked at this occupation (manthyand spent in this	
year) will death occupation 80	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	Other Continuery Causes of Importance.
(State or country) Ma	
13. NAME Solomon Lucker	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Harrah Peach	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Harry Lewis	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
(Address) Thertytown MA	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Felestytown Oate May 17th 1934	Nature of injury
9. UNDERTAKER Poyell & allough	24. Was disease or injury in any way related to occupation of deceased?
(Address) Libertytown Mod	If so, specify
10. FILEO May // 1934 TVA Curfuas	(Signed) M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4 same	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADD	EMENIS BI PHISICIAN		

PHYSICIANS should state RECORD. Every item of infor-

of OCCUPA-

certificate.

TION is very important. See instructions on back of

4 .	-3	13	5 Bu	h	0
U	4	y	6	1	}

1. PLACE OF DEATH	. 46
County Theolerick	Registration Dist. No. /3/=
Village or City Theslerick	Not rederich City Horfitelst, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. / 3 ds. How tong in U.S. if of foreign birth?mosds.
An +1' 111 Mm.	
(a) Residence: No. 39 E 37 Fulderic	F St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale While S. STRELE, MARRIED, WHOWER, OR-DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widoward, or divorced record (or) Wife of Carce March	22. 9 I HEREBY CERTIFY. Thet t attended daceased from
6. DATE OF BIRTH (month, day, and year) 4 - 22- 1884	I tast saw her alive on may 150 , 19.3 4 deeth is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, et
5-0 - /3 1 dey, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of Stomachmu.1-3
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as StLK MILL, SAW MILL, BANK, etc 10. Data decaesad lest worked at this occupation (month and	0,000,000,000,000,000,000
10. Data decaesad lest worked at this occupetion (month and yeer) 11. Totet time (yeers) spent In this occupetion 8.2	
12. BIRTHPLACE (city or town) Presterich (State or country)	Other Contributory Causes of importence:
13. NAME Samuel P Walling	
13. NAME Cannul Walling 14. BIRTHPLACE (city or town) (Steta or country)	Nema of operation. 6 Aploratory Dete of afril 26.
7	Whet test confirmed dlegnosis?
15. MAIDEN NAME Mary Laffner 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Scalpt IV March (Address) 39 2 grd frederich Mig	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1 My Clines - Come	Manner of injury
Place Theolerica My Dete 5-18, 1939	Nature of injury
19. UNDERTAKER Dany 2. Carly (Address) Broker of Mil	24. Was disease or injury in any way related to occupation of deceesed? MO
20. FILED 17- may 1934 on Imeluly Registra.	(Signed)
If more blanks are needed, address Stdie Registra	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grecery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago July5,1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

V. S. No. 1

		F MARY	YLAND-	CERTIFICATE OF DEATH 04	977
1. PLACE OF D					
County Free				within the Correspondence Registration Dist. No. 12/=	-
Village or City	Frederick			NoSt.,	Ward
			yrsmos	death occurred in a horpital or institution, give its NAME instead of street and in the death of	aumber) 0sds
2. FULL NAME					
(a) Residence: N	io. 108 Eas	t Fifth S (Usual place of	treet File	Up St., Ward. If nonresident give city or lown and	State
PERSONAL	AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH May 12	, 193
e. If married, whowed, or		Waster		(Month) (Day)	(Yeer)
HUSBAND of (or) WHEE of		Schultz		22. I HEREBY CERTIFY, That I attended	, 19
. DATE OF BIRTH (month	h, day, and year)	February	22.1900	I last saw h_im alive on, 19,	; death is sai
. AGE Years	Months	Deys	If LESS than	to heve occurred on the date stated abova, at _ 2:30 _ R. M.	
3/4	2	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession,	or particular			Cerebral Neumbrace	Date of ense
SAWYER, BOOK	lone, as SPINNER, KKEEPER, atc	Laborer	•	8	May
kind of work d SAWYER, BOOI 9. Industry or busine work was done SAW MILL, BA 10. Date deceased last	ess in which , as SIEK MIEL, NK, etc	At Home	••••••		
10. Date deceased las this occupation year)	(month and 0 /m		ne (years) t in this pation 10		
2. BIRTHPLACE (city or to (State or country)	own) Mar	yland		Other Contributory Causes of Importance: Cinssells Carebal Vessels	
13. NAME Che	rles Masse:	r	7,50,000	<u> </u>	
13. NAME Che 14. BIRTHPLACE (city (State or count		a nd		Neme of operation Data of	
	Ada Kreh		The state of	What test confirmed diagnosis? Was there an a	u'opsy?_ZC
15. MAIDEN NAME 16. BIRTHPLACE (city (State or count				23. If daath was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	
7. INFORMANTMrs	. Emma Sch	ultz Mass	er	Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	e) NCE.
8. BURIAL, CREMATION,	08 East Fiftor REMOVAL Cem. Fred.		4/34 ,19	Manner of injury	
9. UNDERTAKER M.	R. Etchison	& Son		24. Was disease or Injury In any way related to posupation of decaased?	nr:
o FILED 14-May	aderick, Mar	0 4	and	(Signed) Shows S	М.

If more blanks are needed, address Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 5 1974	July 5,1927	Peritonitis	3 days ago	
	MUDIEAU U.S.	b t			
Other contributory can	uses of importance:	- 4	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARTLAND	CERTIFICATE OF DEATH (14370
1. PLACE OF DEATH	23
county Frederick	Registration Dist. No. 139
Village or City State Sana Journ	No. M.A
Length of residence In city or town where death occurredyrsD_mos.	
2. FULL NAME STATE THERETHERS SANA	TORIUM
(a) Residence: No. 1939 Remindle Consulting MI	St., Ward. Salw. M. J. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Way
5a. If married, widowed, or divorced	
HUSBAND OF Joseph Mc Kewen	22. I HEREBY CERTIFY, That I attended deceased from May 27 1933 to May 1 1934
6. DATE OF BIRTH (month, day, and year) Dec. 25, 1911	I last saw h la alive on April 30, 1934; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7:55 A.m.
22 4 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or nationlar	were as follows:
kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this geographie and specified by specified to the specified by specif	Ommonary where wells
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month and year)	
Magn. 1- 1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Y V V V V V V V V V V V V V V V V V V	
13. NAME Jake Walman	
13. NAME Jake Walman 14. BIRTHPLACE (city or town) Management	Name of operation
(State of Country)	What test confirmed diegnosis? Chest X rung & Prs. Apartum au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Makenoun	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT San a E. McKewen (on admissed (Address) 1939 Lemon St. Balla . Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dall . M. Dete morning	Nature of injury
19. UNDERTAKER Jack Lewis &	24. Was disease or injury In any way related to occupation of deceased?
(Address) Baltoming.	If so, specify 1
2D. FILED \$ ///256_19.	(Signed) Alway O. Majter M. D.
Registrar.	(Address) State Sana Winn Ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

11/1078

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	-------------------	----	-----------

	County Freder Village or City	ick Frederi	ck		Registration Dist. No. / 2/: No. St.,
	Length of residence in o	city or town where	e death occurred	Levrsmo	death occurred in a horpital or institution, give its NAME instead of street and number and sumber
	2. FULL NAME.M				a
0.00	(a) Residence: No	203 Sou	th Market		St., Ward. If nonresident give city or town and State
3.	PERSONAL AN	ND STATIS			MEDICAL CERTIFICATE OF DEATH
		or or race	or Diveres	RRIED, WIDOWED, (write the word) ed	21. DATE OF DEATH May 15, , 193
58	. If merried, widowed, or div	besed			
58	(or) WIFE of	Charle	s E. McMu	llen	122. I HEREBY CERTIFY. That i ettended decease
	DATE OF BIRTH (month, da	ay, and year)	April 3,	1879	I last saw h er elive on May 15' 1934, deal
ertificate.	AGE Yeers	Months	Days	If LESS than I dey,hrs.	to have occurred on the date stated above, at 9:50 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importence
	55 8. Trade, profession, or p	1 1	1 12	ormin.	were as follows:
of NOI	kind of work done SAWYER, BDOKKE	, es SPINNER, EPER, etc	Housewi	fe	Ouvenous of shower 13
on back of occupation	9. Industry or business i work was done, as SAW MILL, BANK,	n which SILK MILL,	At H	ome	f
on b	10. Date deceased last wo	rked at	11. Total t	time (vears)	
3 - 1 -	this occupation (mo	onth end 1/		nt in this 30	
	BIRTHPLACE (city or town)Mary	16 88		Other Contributory Causes of importance:
stru R	(State or country)	-			
A F	13. NAME Char		othenhoef	er	Name of operation
See	14. BIRTHPLACE (city or t (State or country)	own) Mary	land		Whet test confirmed diagnosis? Days In a state was there en au'opsy
DE.	15. MAIDEN NAME ME	ary E. M	eBride		23. If death was due to external causes (VIOLENCE) fill in also the following:
y important.	16. BIRTHPLACE (city or to		land		Accident, suicide, or homicide?
dmi	(State of County)		yland		Where did injury occur?
very 12	. INFORMANTMrs (Address) Lew	Francis istown. M			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8 10	BURIAL, CREMATION, OR	REMOVAL	200	0/24	Manner of injury
	PlaceMtOl	ivet cem	FIDRG 5/	10/34 ,19	Nature of InjuryX
TION	. UNDERTAKER M. R.				24. Was disease or injury in any way related to occupation of deceased?
	(vinitezz) h. 200 V.	erick. Ma	rviand		If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	, ,	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis "	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The same of the sa				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	-			

STARTH COULDHULE CIPILS OF

-
No.
202
>

	County 71	dura	h-		Registration Dist. No.	141
		Bruss	our il		No. St. No. St.	Word
			KNUMZIN		death occurred in a hospital or institution, give its NAME instead of street	
	Length of residence in o	city or town where	death occurred	yrs. mos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2	. FULL NAME A	rilliam	Downel	Min Ne	ally	
	(a) Residence: No.				St., Ward.	
-	PERSONAL AN	ND STATIST	(Usual place		If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3. S		OR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	det
n	mle wh	ule	manu Manu	D (write tha word)	(Moxilia) (Dey)	, 193(Year)
5a.	If marriad, widowad, or div HUSBAND of (or) WIFE of	orcad	e.		22 I HEREBY CERTIFY. Thet i etter	nded deceesed from
	(or) wire or yes	me	Lums	2	James 4, 1954, 10 May 15	
6. E	OATE OF BIRTH (month, da	y, end year) A	MG 15	1851	1 last saw h / M aliva on May 1.5	34-; death is said
7. A	GE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6 m.	-
	82	19	10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trada, profession, or p kind of work done SAWYER, BOOKKE	articular , as SPINNER,	Tied B	YARR	1	
= 1	SAWYER, BOOKKE		istant a	1	2 min-Schlages	unenra
UPA	work was done, as SAW MILL, BANK,	SILK MILL, etc.		The Reeper	Harria Hyperfension	unen
500	10 Date deceased last wo	rked et	11. Total t	ime (years) nt in this	of chrone required	anken
	year)			upation	Other Contributory Causes of importance;	
12.	BIRTHPLACE (city or town)	lea		Other Community Construction (approximate)	
[(State or country)	1. 1	1-0 6	00	@ aystitus,	4 mos
ATHER	13. NAME	CR /	1- Nea	lly	(b) Phostatitis	2 mo-
AT	14. BIRTHPLACE (city or t	own)	va		4 4 4	of
~ œ	(Stata or country)	1	7 /		What test confirmed diagnosis? Murroly so Was there	an autopsy?-
HER	15. MAIDEN NAME	rang	Toverhe	ast	23. If death was due to external causes (VIOL ENCE) fill in elso the folio	
MOT	16. BIRTHPLACE (city or t (Stata or country)		Ta.		Accident, suicide, or homicide?	, 19
	Maria	9.0 8 4	uc Nead	0	Whera did injury occur? (Specify city or town, county and	d State)
17.	(Address)	W U //	la Grade	y-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	C PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL	ariak .	.5	Manner of injury	
	Place lenk Arigh	Ch Journ	Date_///	1 18 ,1934	Natura of Injury	
10	UNDERTAKER PAR	traito.	9 Am	/	24. Was disease or injury in any way related to occupation of deceased	17. YLO
19.	(Address)	under	ich m	0	If so, specify	
	1	ere has	1 8	W. B.	(Signed) / Mossas & latur	M. C
20	FILED MAY 19	10 7H WILL				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Data of onset Data of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO)R	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	----	---------	------------	----	-----------

V. S. No. 1

	-
	_
BINDING	INTERPRING THE THIS IS A PERMANENT BY
K	-
F	V.
MARGIN RESERVED FOR BINDING	INK_THIS
GIN R	FADING
MAF	Z
	TTH

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH Jo should County__ Registration Dist. No item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS CORD. Every Length of residence in city or town where death occurred How long in U.S. if of foreign birth? ______yrs.____mos. statement (a) Residence: No Exact PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) classified. a. If married, widowed, or divorced HUSBAND of C 22. IFY. That I attended deceased from (or) WIFE of 4 × H certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at stated 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. be be jo SAWYER, BOOKKEEPER, etc., back 9. Industry or business in which plnods it may work was done, as SILK MILL, SAW MILL, BANK, etc.... on 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spent in this AGE that occupation us Report See instructions Other Contributory Causes of importance 80 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) Date of. (State or country) should be carefully MOTHER important. 15. MAIDEN NAME 4 23. If death was due to external causes (VIOLENCE) fill in also the following: -WRITE PLAINLY, Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town). DEATH (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 2 CAUSE mation Nature of Injury NOLL 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify M 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
A BURGAN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CE	RIFICALE OF DEATH	1
----------------------	-------------------	---

04952

1. PLACE OF DEATH			107-01	
County Fred			Registration Dist. No. / B	2
Village or City Broad Tu			NoSt.,	Ward
Length of residence in city or town where death	occurred		f death occurred in a hospital or institution, give its NAME instead of street and nussementsds. How long in U.S. if of foreign birth?	
2. FULL NAME Wavid		and my	THE PARTY AND THE PARTY OF THE	
(a) Residence: No.	- J	y-1.4 C 27.4	St. Ward.	
(a) Nesidence. No.	(Usual place	of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)		21. DATE OF DEATH May (Month) (Dey)	193 4 (Year)	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended do	eceased from
C DATE OF BIRTH (month down and was)	7/4	10 4 11-	last saw has alive on man 9 ,193 V;	, 19 3 V
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at Prum.	death is said
4	2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Ilm che muning	nay 7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				
10. Date deceased last worked at this occupation (month and year)		me (years) t in this pation		
12. BIRTHPLACE (city or town) Michelle Corn (State or country) Mary Lund			Other Coutributory Causes of Importance:	
	nuse	~		
13. NAME Wilson 7 14. BIRTHPLACE (city or town) - Michele Co.	deter	ur	Neme of operation Dete of	
(State or country) many	land	4	Whet test confirmed diegnosis? Was there an au	'opsy?
15. MAIDEN NAME Virginia	sun	L	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Much	ale Z	non	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Nammie Maser (Address) Third de tour mill 18. BURIAL, CREMATION, OR REMOVAL Place Mild de tour Date May 11., 19.34. 19. UNDERTAKER			Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	DE.
			Manner of Injury	
			24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED 17724 9 , 1984 D. Too	eami	Registrar.	(Signed) a by Pleasurg (Address) Maddleland M	J M. D
If more blanks	are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carcfully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ite of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	411 7 6 12	1
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
lly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
	ly 5,1927	ly 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

	CERTIFICATE OF DEATH 04983
1. PLACE OF DEATH	(2) Cornerate Marie
County Fredh A wishin the Corne	5
Village or City Energly	No. Fresh City Norfila & Ward
Length of residence In city or town where death occurred Lifersmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME / Alan M	Toller
(a) Residence: No. 205 E. Decend Fre	dasselp Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR D. YORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorcad	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSDAND of (or) WIFF of	22. I HEREBY CERTIFY. That I attended decased from
6. DATE OF BIRTH (month, day, and year) aug 30-1879	I last saw h Line aliva on May 16 1974 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et 4. A.m.
54 8 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEPER, atc.	Crecio Bualdume 192
SAWYER, BOOKKEPPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and this corporation (month and this corporation).	(My ocasalili and)
10. Date daceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	Plefebrules
12. BIRTHPLACE (city or town) Trederick	Other Contributory Causes of importance:
(State or country)	- Partie of the same of the sa
13. NAME John C. Motter	comp
13. NAME John 6. Motter 14. BIRTHPLACE (city or town) Enume to the control of th	Name of operation
	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME & The B. Markey 16. BIRTHPLACE (city or town) Frederick (State or country)	23. If death was due to external causas (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
me Toll he all	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Muss Loca Motter (Address) Washington D. 6.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMUVAL Place Let oliver Cen. Date Near 19, 1934	Manner of Injury
19. UNDERTAKER C.E. Colone Hon (Address) Frederice md.	24. Was disease or injury In any way related to occupation of decaased?
20. FILED IF luay, 1934 Pora Jone Cul	(Signed) Cleux Facto Chusas M. D. (Addrass) Telleus M. D.
If more blanks are needed, address State Begistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RENEAU V. E.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

should state

STATE OF MARYLAND—CERTIFICATE OF DEATH

04984

1. PLACE	OF DEATH				(7)			
County	Frederick					Registration	Dist. No. / 2/:	
Village or City. Near Lander				No. R. 7	- b.		St	Ward
	esidence in city or town where d			f death occurred in a ho				
				46				
	ence: No. Kear L		bund a	St.,W	- /ard	If nonresiden	it give city or town as	nd State
PERSO	NAL AND STATISTI	CAL PARTI	CULARS	ME	DICAL C	ERTIFICAT	E OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIYORCE Marrie	RIFD, WIDOWED, D (write the word)	21. DATE OF	DEATH	Way	8 (Day)	., 193(Year)
5a. If married, wid HUSBAND of	owed , or di vor ced							
(or) WHE of	Man	rguerite	Corum	22. Hay		1934 to	Y. That I attende	d deceased from
6. DATE OF BIRT	H (month, day, and year)	March	26,1901	I last saw h	_ alive on	may	1, 19 3	Y; death is seld
7. AGE	ears Months	Days	If LESS than I day,hrs.	to heve occurred on The PRINCIPAL CA				
33		12	ormin.	were as follows:	USE OF DEAL			Date of onset
8. Trade, pro	ofession, or particular f work done, as SPINNER,	Laborer		1 the 30	unha	gia my	innycles	nu 161
9. Industry o	ER, BOOKKEEPER, etc	THOUSE		P	reco	Law		May 4,34
SAW N	was done, es SILK MILL, MILL, BANK, etc	State F	coads	- Charg		Total	-cya-	
	ased last worked at cupation (month and 4/3	spa spa	ime (years) nt in this upation 1					
12. BIRTHPLACE	(city or town)			Other Contributory	Causes of impo		5.00	
(State or c		nd				lites		
置 13. NAME	Marry David N	lurray						
13. NAME 14. BIRTHPLA	CE (city or town)	gerstown	1	Name of operation.		r y'r	Date of.	
(State	or country)	aryland		What test confirmed	diagnosis?	Clime	Was there ar	au'opsy?
15. MAIDEN	NAME Emma Mo	Loughin		23. If death was due	to external ceu	uses (VIOLENCE)	fill in also the followi	ng:
	or forth or town /	agerstow	'n	Accident, suicide, or	r homicide?		Date of Injury	, 19
≥ (State	or country)	aryland		Where did Injury of	cor?		or town, county and Si	ate)
17. INFORMANT Mrs. Marguerite Murray (Address) Near Lander				Specify whether inju	ury occurred la	n INDUSTRY, In H	IOME, or In PUBLIC F	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jefferson Reformed Deem. 5/11/34				Manner of injury				
Place J.C.	ilerson Relorme	CL Date Jille	07.17.1.9.40	Nature of injury				
19. UNDERTAKER	M. R. Etchison			24. Was disease or in	ajury in any w	vay related to occu	pation of deceased?	No
(Address)	Frederick, M	aryland	- 1	If so, specify	0	4	112	
20. FILED 9. 20	cy , 19 2 / Ooa	me	enely	(Signed)	w)	Jarene Jess.	rain 2	М. D.
	,	7	Certaid.	II SAUDIES	470 2 .			

If more blanks are needed, address Suite Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

es Date of onset		
es Date of onset		
1 week ago		
1 week ago		
3 days ago		
1 year		

1. PLACE OF DEATH		F MAR	YLAND-	CERTIFICATE OF DEATH	900
County Fred	erick.			Registration Dist. No. 137	,
				No. St.	War
Length of residence in city	or town where d	eath occurred	6 vrs 5 mg	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	ber)
2. FULL NAME W					
(a) Residence: No.				St., Ward. If nonresident give city or town and State	
DEDSONAL AND	CTATICTI				e
PERSONAL AND 3. SEX 4. COLOR (RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	ite	OR DIVORCE	dower	May 28 19	34
5a. If married, widowed, or divorce HUSBAND of		11	abwer	(Month) (Day)	(Year)
late, R	ebecca	Steven	s Pearre	22. A HEREBY CERTIFY, That I attended dece	
6. DATE OF BIRTH (month, day, e	and year) / P	67-12-	-18	I last saw h Line alive on MM 27 1 , 1934; de	1934
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 6 42 Pm.	G(II 15 54
66	5	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particle kind of work done, as SAWYER, BOOKKEEPE	cular SPINNER, D	- 4 W 4	1	I tocked Heart	ate of ons
SAWYER, BOOKKEEPEI	hich	s <u>l</u> mast	er, (reta	Direction Comments	
work was done, as SIL SAW MILL, BANK, etc. 10. Date deceased last worke					
- Ima occupation (month	d at and	spe	time (years) ent in this		
year)	T7 7		upation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	rreder Marvl	1ck Vo.	>		
ដ 13. NAME W1111	am H.P				
13. NAME William 14. BIRTHPLACE (city or town)				Name of operation Date of	
(State of country)	Mary	land.		What test confirmed diagnosis? Was there an autop	sy?
15. MAIDEN NAME R		ckingha		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME R 16. BIRTHPLACE (city or town) (State or country)		oll Co.	- 2	Accident, suicide, or homicide? Date of injury	, 19
Grate of country) Marry Land.				Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT DAVI (Address) Unio	nville	.Md.	***************************************	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REM	IOVAL		70 74	Manner of injury	
PlacLinganore			,20,,19,24	Nature of Injury	
13. UNDERIANER	Maltz			24. Was disease or injury in any way related to occupation of deceased?	-
0	field	0 2		If so, specify Mertin A Alaske	
20. FILED May 29 , 19	14 7/2	Tauge	Registrar.	(Signed) (Mary Made)	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ll l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-18		
Other contributory causes of importance:	ACTO.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

item of infor-

OCCUPA-

Jo

T. PLACE OF DEATH	121
County Trederick Within the County	Registration Dist. No./64/
Village or City Frederick	No. Narket St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 2 f yrsmos	
2. FULL NAME Joseph Thomas	Port -
121 8 m 0 x	Gr Word
(a) Residence: No. 116 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Name of the color of the	21. DATE OF DEATH May (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Pryles	22. 9 I HEREBY CERTIFY That I attended decessed from the state of the
aho 12-18-74	lest sew her wilder may 19 34 death is sa
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et 2 m.
60 0 /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	were estations; Date of onac
9. Industry or business in which	
SAW MILL, BANK, etc	
Bearing	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Angina leatorist
13. NAME Richard T. Pyles	a de la companya de l
14. BIRTHPLACE (city or town) Danus fle	Name of operation X Date of Y
(State of Country)	What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Florence E. Hawkins	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Barris III	Accident, suicide, or homicide?
17. INFORMANT Mrs. J. J. Pyles	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Frederick Md) 18. BURIAL, CREMATION OR REMOVAL 4 D	
Place my oliver Cerepate May 4, 193.	Manner of Injury
19. UNDERTAKER 6-8. Coline to the (Address) Treday med	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED 3 lucy, 19 2 4 Droa I meluly Résistra.	(Signed) M. (Address) A Control of the control of t
1	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		344
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STYRIN GERFRENTS LIMITS OF

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100
County tredouces	Registration Dist. No.
Village or City huas Brunswich	No. St Ward
(if	death occurred in a hospital or institution, give its NAME instead of street and number)
100 11 - 1 0 12	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME YY\ d\andle Vr \\ ond	1 ma
(2) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A 1/5
Amed Block OR DIVORCED (write the viord)	(Month) (Oay) (Year)
5a. If married widowad or divorced HUSBANO of	7
(or) WIFE of Komo Rondens	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h le alive on Mark 1934 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above. At
1899_35 2 2 2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(a) (b)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	oto Rummia 5-10-34
O 10. Date deceased last worked at	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or laws) Mosel Jours	Other Contributary Causes of Importance:
(State or country) Le Sen Co V Co.	Cour Kulling ?
13. NAME om M. Palmer	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis Wester an autopsy? 10
15. MAIDEN NAME Moring C. Parkett	23. If death was due to external causes (VIOLENE) fill in also the following:
15. MAIDEN NAME Vice CONTROL 16. BIRTHPLACE (city or town) 2000	Accident, suicide, or homicide? Date of injury 19
(State or country) Joudy Co Yo	Where did injury occur?
17. INFORMANT Stores. Mondans	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION, OR REMOVAL	
Place Delle Moste May 27,03 X	Manner of injury
1 2 2 0	Nature of Injury
19, UNOERTAKER (Address)	24. Was disease or injury lo any way related to occupation of deceased?
1.01	(Signed) I AUUS Sub-like M. D.
20. FILEO MMg 27, 1934 Mess N. S. Helleriara.	(Signed) M. D. (Address) M. D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person agcd 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1)	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
11			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

of OCCUPA-

Exact statement

properly classified.

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

04988

-	The office of the original of	10se	
	County Frederick	Registration Dist. No.	41
١.,	Village or City Know only R. 7 8.	No St	Ward
		(If death occurred in a horpital or institution, give its NAME instead of street a	nd number)
	Length of residence in city or town where death occurred yrs	osds. How long in U.S. if of foreign birth?yrs.	mosds.
2	2. FULL NAME ///artha Mecoffort	lkey	
	(a) Residence: No.	St., Ward.	
420000	(Usual place of abode)	If nonresident give city or town	and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
1	emale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Way	, 193
5a.	If married, widowed, or divorced	(Month) (Day)	(Taar)
	HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attend	led deceased from
		- 1924, to my	1957
6.	DATE OF BIRTH (month, day, and year) Aug 29, 1911	I Mist saw have alive on	- 7-; death is said
7	AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
	22 8 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z	8. Trade, profession, or particular	Theunes	Date of onset
10	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Jusa 9
OCCUPATION	9. Industry or business in which work was done, as SILK MILL.		139
CC	SAW MILL, BANK, atc.		
00	10. Date daceasad last worked at this occupation (month and spent in this		
	year) occupation	Other Coatribatory Causes of Importance:	
12.	BIRTHPLACE (city or town) Mary land	Constitution of the consti	0
	(State or country)	Melkal Kagurgilden ?	Cerra O
ER	13. NAME pland N. Boelkey	9.12	900
FATHER	14. BIRTHPLACE (city or town) Marse Land	Nama of operation Date or	. —
F	(State or country)	What test confirmed diagnosis? Was there a	
2	15. MAIDEN NAME //e/a. Leatelman		
MOTHER	7 0 0	23. If death was due to external causes (VIOLENCE) fill in also the follow	
8	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
	10-11 11 P 11	Where did injury occur? (Specify city or town, county and service whether laining and injury or town, county and injury or town.	State)
17.	(Address) Groundle med	Specify whether Injury occurred in INDÚSTRY, in HOME, or In PUBLIC	PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place Fudenck Md Data May 9, 1934	Nature of injury	
10	In the feet & Some	24. Was disease or injury in mpy way related to ocupation of deceased?	
19.	(Address) Brussmet Med	If so, specify	
	11 11 / 11 /	(Signed)	
20.	FILED May 8 , 1934 MMS . N. D. Hages	(Address) ATOMS PK	MA. M. D.
	Alegoriur.	(11001000) 000000	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	13.5% I	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	7	July 5,1927	Peritonitis	3 days ago	
), t	BUREAU	land I			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
-------------------------	------------------	----	-----------

	7

Exact statement of OCCUPA.

MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in plai	TION is very important. S

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4989
1. PLACE OF DEATH	(82-20)	,
County Fredericle	Registration Dist. No. / 3	8
Village or Citha New Market.	NoSt.,	Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and street. ds. How long in U.S. if of foreign birth?	
2. FULL NAME John George Sch		103
(a) Residence: No.	St. Ward.	
(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCEW (purite this word)	21. DATE OF DEATH May 1st (Month) (Day)	, 193 4 (Year)
5a. If married, widowed, presidenced. HUSBAND of Sary WIFE of Gloralanica Scheel	22. HEREBY CERTIFY, That I attended	
	, 192/, 10	1934
6. DATE OF BIRTH (month, day, and year) Sept. 7, 1852. 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2 P. m.	; death is said
S-1 7 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Tarmeri	apoplexy	sel zia
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		1934
10. Date deceasad last worked at this occupation (month and year) spant in this occupation occupation		
12. BIRTHPLACE (city or town) Frederick	Other Contributory Causes of importance:	
(State or country) Marylang		
13. NAME Philips & Cheel 14. BIRTHPLACE (city or town) Sapon Westernburg		
14. BIRTHPLACE (city or town) Sahon Westernburg (State or country)	Nama of operation Date of	74
	What test confirmed diagnosis? Was there an	
15. MAIDEN NAMED Catherin Unarcher.	23. If death was dua to external causas (VIOL ENCE) fill in also tha following Accident, suicide, or homicide?	
State or country)	Where did injury occur?	, 19
17. INFORMANT George Scheel.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
(Address) With any Md. Son	Managetal	
mountalinet Freduits 5 - 4 7034	Manner of injury	2
19. UNDERTAKER WENTELLEONER (Address) View Market Md.	24. Was diseasa or injury in any way related to occupation of deceased?	na
20. FILED May 2, 1939 Lucian K. Faltoner Registrar.	(Signed) Esnect P. Roug (Address) New Market	my. M. D.
If more blanks are model address Com. Butter	N. Cl. J. C P. J.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
R				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			E Property	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

		94"
		6
		A CONTRACTOR OF THE PARTY OF TH

V. S. No. 1

or- A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	20
of ald	county Chaldrack	Registration Dist. No. 139
shou of O	Village or City State Sanatorum	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS NS	Length of residence In city or town where death occurredyrsmos.	19 ds. How long in U.S. if of foreign birth?yrsmosds.
ND. Every YSICIANS statement	2. FULL NAME YEVER C Der	vell Bill Ind
	(a) Residence: No. AKTIAN (Constitution of the Constitution of the	Ward. If nonresident give city or town and State
ECC PI xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RI	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May. 1. 193 4
T I led.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
MANE? A C T I	HUSBAND OF Margaret Sewell	22. I HEREBY CERTIFY. That I attended deceased from
EX Claste.	6. DATE OF BIRTH (month, day, and year) WML 12. 1899	I last saw h six a alive on May 1 . , 1934; death is said
d d erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$3.0 \text{1.m.}
IS A Pl stated properly	34 10 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
he st be pro of cer	8. Trade, profession, or particular kind of work done, as SPINNER Paintert Decorator SAWYER, BOOKKEEPER, etc.	Date of onset
#		Province of Leave Company
VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
o t a	10. Date deceased last worked at this occupation (month and year) spant in this journal occupation occupation.	
4 1	VA CIDILL CO.	Other Contributory Causes of Importance
DI So uct	12. BIRTHPLACE (city or town) Y COCCO (State or country)	Tuberculous of volume across
UNFADI pplied. terms, so	H 13. NAME Wm. J. Sewell	Tulke and one Tonaillite's
D d t	14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of Date of
y su ain	(State or country)	What test confirmed diagnosis? Wartx nay & Pos. Was there an au'opsy? No
WITE	15. MAIDEN NAME anna Coulter	23. If death was due to external causes (VIOL ENCE) fill In also the following:
INLY, WI be carefull EATH in pl important.	15. MAIDEN NAME ON a Coulter 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
be cal	(State or country)	Where did injury occur? (Specify city or town, county and State)
V DIG	17. INFORMANT GLOVAL C. Sewell (on admission (Address) 2510 E. G. a apr St. B. alta. M. d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
E - E - E	Place 15 allunte Yn Chate un Known	Nature of injury.
-WRIT mation CAUSE TION i	19. UNDERTAKER M. L. Glage	24. Was disease or Injury In any way related to occupation of deceased?
B.	(Address) , , ,	if so, specify
z(T)	20. FILED. A. 19. Registrar.	(Signed) Auto A. M. D. (Address) Fute Sans James M. D.
0	If more blanks are needed address State Project	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	61	Example II	
The principal cause of death and related causes of importance were as follows. Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of apportance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

mation CAUSI

should

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory course of investment			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

, ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Tallevell of for occasionally for 4 Mars	prom
The time she sell down stopp for y years	Wey
Twice in her Olask illness!	1: 1
	/

BINDING

state

The Contract of the Contract o	
Registration Dist. No. 13	
No. St.	Ward
leath occurred in a horpital or institution, give its NAME instead of street and	number)
ds. How long In U.S. If of foreign birth?yrsm	osds.
St., Ward,	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
May 29 (Month) (Day)	(Year)
(10011)	(1641)
22. HEREBY CERTIFY, That I attended	
may 15 ,193 4,10 May 29	, 193.4
I last saw h. O.T. alive on Y. N. J. J. 19.32	; deeth la sald
to have occurred on the date steted above, at 9:00 And Ma	
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were 34 follows:	Date of onset
1	
Mroun My ocharditis	may 15
Unlever delevous	
Other Coutributory Causes of importance:	
file of the second seco	
Tarcuma & Breast.	
Loudety.	
Name of operation 2000 Date of	
What test confirmed diagnosis? Was there an	au'opsy?
23. If death was due to external causes (VIDL ENCE) fill in elso the following	g:
Accident, suicide, or homicide? Date of Injury	, 19
Where did Injury occur?	
(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
Manner of Injury	
Neture of Injury	
24. Was disease or injury in any way related to occupation of deceased?	no.
If so, specify	
(Signed) Thousa	M. D.
(Address) In rederict	wel

egistrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

V. S. No. 1 N. B.—

1. PLACE OF DEATH	93.0
countyFrederics	Registration Dist. No. 140
Village or City Woodsboro	Np. St Ward
Length of residence in city or town where death occurred 35 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME addie Many mil	de
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the work)	21. DATE OF DEATH AND 193.
5a. If married, wildowed, or divaged HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of John My Smills	
6. DATE OF BIRTH (month, day, and year) Sept 23-1869	I last saw h alive on, 19; death Is said
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
64 / 34 ormin.	were es follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Roule delatation may!
9. Industry or business in which work was done, as SILK MILL, Out There is SAW MILL, BANK, etc.	1934
11 Total time (years)	of heart
this occupation (month and Moss/93 spent in this year)	Other Contributory Course of Importance:
12. BIRTHPLACE (city or town) Please Charges (State or country)	
13. NAME 4. Dillie 14. BIRTHPLACE (city or town) Setan	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Surge Stessing	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Lleton (State or country)	Accident, suicide, or homicide?
has be to the total and the second a	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT	opening matter injury eccurred in imposition, in notice, of infroducto feater.
18. BURIAL, CREMATION, DR REMOVAL 91, Bury Place Date May 20195 &	Manner of injury
my formand De	Nature of injury
19. UNDERTAKER (Address)	If so, specify
20, FILED May 18, 1934 Le Parisa	(Signed Coloque V. Diller M. D

STATE OF MADVI AND CEPTIFICATE OF DEATH

4.4000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related-causes of importance were as follows: Arteriosclerosis RECEIVED	1	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WIREAU V. S.			- 1
Other contributory causes of importance:		Other contributory causes of importance:	*4.
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. 144 No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH WED. (Month) (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 1933, to Many 1934. (St.) 1 I last saw harm alive on 1934, to Many 1934; death is said to have occurred on the date stated above, at 1944. m.
No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds St., Ward. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH WED, word) 21. DATE OF DEATH (Mooth) (Day) (Year) 10. 193 4. 10. 193 4. 11. 10. 10. 10. 10. 10. 10. 10. 10. 10.
St., Ward. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH WED, word) 21. DATE OF DEATH (Mooth) (Day) (Year) 11. The REBY CERTIFY, That I attended deceased from 193 4. (Bod I last saw harm alive on 193 4.
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH WED, word) 21. DATE OF DEATH (Mooth) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 193 4. (Bod I last saw have alive on Many 1934; death is said
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH WED, word) 21. DATE OF DEATH (Month) (Day) (Yyar) 1 HEREBY CERTIFY, That I attended deceased from 1 193 4 1 10 10 10 10 10 10 10 10 10 10 10 10 10
MEDICAL CERTIFICATE OF DEATH WED, word) 21. DATE OF DEATH (Mooth) (Day) (Yyar) (Yyar) (Yyar) (Yyar) (Yyar) (Hereby Certify, That I attended deceased from 1934 (How I alive on May 1944; death is said
WED, word) 21. DATE OF DEATH (Month) (Day) (Vyar) 1 HEREBY CERTIFY, That I attended deceased from (Nov (2), 1933, to May 14, 1934; death is said
1 HEREBY CERTIFY, That I attended deceased from the now (200 , 193 4 , 193 4) (860) I last saw hand alive on many and 1934; death is said
860 I last saw ham alive on my Ind , 1954; death is said
than to have occurred on the date stated above, at 12 . Q m.
hrs. The BRINCIPAL CARRE OF BEATH and related course of importance
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Valvular disland Date of onset
Office de and
Other Centributery Causes of Importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
24. Was disease or injury in any way related to occupation of deceased?
(Signed) J. D. Goung M. E. strar. (Address) J. W. Sharm M. E. Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
a wear			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

47 41	0.	, ~~	4	
9 proguently seur	Jum a	ne decent	withour	alling
19 was the mo	much ly	died . 1	us le tra	2000
- away be love	Lavibur	d av the	how	1
b soll	//			
	-1/			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING. I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE! mation should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified TION is very important. See instructions on back of certificate.
MARGIN RESERVED F. I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS mation should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be pr TION is very important. See instructions on back of ces
I. B.—WRITE PLAINLY, WITH UNFADING mation should be carefully supplied. AG CAUSE OF DEATH in plain terms, so th TION is very important. See instruction.
I. B.—WRITE PLAINLY, WIT mation should be carefull CAUSE OF DEATH in pl TION is very important.
I. B.—WRITE mation sh CAUSE C

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14995
1. PLACE OF DEATH	(52)
County rederick	Registration Dist. No. / D
Village or City near Middletony (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Slace Coligateth	Smith turn #1
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jensewhite OR DIVORCED (write the word)	(Month) (Day) , 193
5a. If married, widowed, or divorced HUSBAND of	22
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 18, 1934	I last saw h. D. alive on May 19, 19 7 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day, 2.2. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession for particular	Date of onset
SAWYER, BOOKKEEPER, etc.	1 1
A. Hele, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and	1 Remarkerty
SAW MILL, BANK, etc]
O 10. Date decessed last worked at this occupation (month and year) coupation cocupation	
700 1 Mo - 1 100 to	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Alan (State or country)	
13. NAME Russelli Smith	
13. NAME Russeld Smith 14. BIRTHPLACE (city or town) Myersprille (State or country)	Name of operation Date of
(State or country) Mary Land	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rellie Ktilbert	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town). New Mujesville	Accident, suicide, or homicide?Date of injury19
(State or country) Maryana	Where did injury occur?
17. INFORMANT Cuspe & Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Missel town fil	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date Date 4,19	Nature of Injury
19. UNDERTAKER GITTLE GRAD (Address) Mylosophia (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED TIPLIFF. 1934 D. Foregran Security	(Signed) Sheey Herrs M. D. (Address) Mindle Hour
If more blanes are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	()	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	9 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	9 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE SECOND STATE OF S	Y		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

		5
	F	_
5	3	-
4	\mathbf{z}	2
5	A	
7	Z	A.
7	K.	
q	PE	1
ج		3
5	44	+
L	S	4
Ċ	TO	
j	Ħ	2
딕		-
<u>ح</u>	ា	-
3	54	5
7	Z	7
ź	-	T
2	5	5
•	Z	-
4	ā	
5	A	7
2	1	=
2	-6	2
7		88
MARGIN RESERVED FOR BINDING	H	fully cumuliad ACE should be stated BVACTIV
		=
	WITH UNFADING INK-THIS IS A PERMANENT	f.,

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 04996
infor- state UPA-	1. PLACE OF DEATH	(59)
- 77	County I sederale	Registration Dist, No. / 3 2
\'''\	Village or City May Middle tone	No. St. Ward
() = °	(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence In city or town where death occurredyrsmos	ds. How long In U. S. if of foreign birth?yrsds
Ev CI V	2. FULL NAME Grayson Celmer	smill June
RD. Every YSICIANS statement	(a) Residence: No. (Usual place of abode)	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T X T	male (W) To OR DIVORCED (qurite the word)	May /9 193 X
ING NEN CTI	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified te.	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
BINI ERM EX / class	the selection is	10 Cey 18, 1924, to May 19, 1934
BI BI E BI BE I BE I BE I BE I BE I BE	6. DATE OF BIRTH (month, day, and year)	I last saw h Man alive on Man Man 1934; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, -7hrs.	to have occurred on the date state phove, at
FOR IS A stated proper	Ormin.	were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
[Y] heles	9. Industry or business in which	Pare Levite
K_T hould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	, the area
INI INI S sh	10. Date deceased last worked at this occupation (month and spent in this	
RES I AGE I that ons o	year) occupation occupation	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) Madelony	
MARGIN UNFADI supplied. n terms, so	(State or country)	
	II 13. NAME Clessof i Smith	
	14. BIRTHPLACE (city or town) My caramelle (State or country)	Name of operation Date of
	(otate of country)	What test confirmed diagnosis? Was there an autopsy?
9 2	I	23. If death was due to external causes (VIOLENCE) fill in also the following:
AINLY, id be car DEATH	5 16. BIRTHPLACE (city or town) (10 a) My erarelle (State or country)	Accident, suicide, or homicide?
be be imi	(3	Where did injury occur? (Specify city or town, county and State)
PLA hould OF D	17. INFORMANT (Address) M. A. C.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E. PLA should OF D	18 BURIAL CREMATION, OR REMOVAL	Manner of injury
	Pjace Date 4/21/5/19	Nature of injury
¥ 8 4 7	19. UNDERTAKER Settle Broke	24. Was disease or injury in any way related to occupation of deceased?
- TEST	(Address) My comille (M)	If so, specify
N. B.	20. FILED / 1/04/19/19/4 D. Torregood Course	(Signed) / Elseus Harp
> Z	Registrar.	(Address) New Sale Your
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

PERMANENT THIS

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA-1. PLACE OF DEAT item of should Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidence in city or town where death occurred. How long in U.S. if of foreign birth? ______yrs. ____mos.____ds. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) CTL 5a. If marriad, widowad, or divorced HUSBAND of 22. EREBY CERTIFY. That I attended decaased from (or) WIFE of 4 1855 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE stated Months Days If LESS than to have occurred on the date stated above. 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance 3 or min. were as follows: Date of onsat 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ back may pluods on 10. Date daceasad last worked et 11. Total tima (years) this occupation (month end spent in this that instructions Other Contributary Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) supplied. FATHER 13. NAME See plain 14. BIRTHPLACE (city or town) (Stata or country) should be carefully What tast confirmed diagnosis?_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Ë. Accident, suicide, or homicide?______ Data of injury______ 19. 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?____ (Specify city or town, county and State)
Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very OF (Address) 18. BURIAL, CREMATION, OR WRITE Manner of injury CAUSE mation LION Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Address) _ (A9 Registrar.

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MINERI V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S. No. 1

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Frederick Village or City Near Jefferson				Registration Dist. No. / 3	/
				No. St.	War
				f death occurred in a hospital or institution, give its NAME instead of street	
				sds. How long in U.S. if of foreign birth?yrs	mosa
2. FULL NA	ME Mrs. Anni	le Mary S	tang		
(a) Reside	nce: No. Jeffe	(Umalph	ace of abode)	St., Ward. If nonresident give city or town	and State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEAT	
SEX	4. COLOR OR RACE	5. SINGLE, M	ARRIED, WIOOWED,	21. DATE OF DEATH	
emale	White	Widow	CED (write the word)	(Month) (Day)	, t93 4. (Year)
. If married, wido	wed, or divorcad			THE SERVICE STREET	4-1 4 4 6
(or) WIFE of	Joseph F. S	Stang		22. I HEREBY CERTIFY, That I atten	
DATE OF BIRTH	(month, day, and year)	April 25	1856	5 - 7	3 4: death is sa
	ears Months	Days	If LESS than	to have occurred on the date stated above, at 2 . 30A. m.	
78	3 0	25	t day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 4/22/34 t1. Total time (years) spent in this		Thumbais fapillary artery +	Oate of one		
		Herenal aremis.	P		
		Myrcardial farlus Palmanay dema.			
		Palmanay dema.			
	upation (month and 4/66/	34	spent in this 50		
2 RIPTUPI ACE (city or town) Ma.	rvland		Other Contributory Causes of importance:	
(State or con		7		Chriner nephrotes	
13. NAME	George Joy.			Seculity	
14. BIRTHPLAC	E (city or town) Mary	yland.		Name of operation	of
(State t	or country)			What test confirmed diagnosis?	an autopsy? 🔿
	AME Eleanor Hot			23. If death was due to external causes (VIOLENCE) fill in also the following	owing:
16. BIRTHPLAC	E (city or town)	yland		Accident, suicide, or homicide? Data of Injury	, 19
(4.0.0	or country) Mrs. E. May Z	immerma n	•	Where did injury occur?(Specify city or town, county and	
7. INFORMANT	Lander, Md.		· · · · · · · · · · · · · · · · · · ·	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLI	C PLACE.
(Addiess)	ATION, OR REMOVAL			Manner of injury	
	allsville, Md.	Date Ma	y 26, 19 34	Nature of injury	
	A. R. Etchison	n & Son.		24. Was disease or injury in any way related to occupation of deceased	no
9. UNDERTAKER T (Address)	Frederick, A	(d.	/	If so, specify	
		1 11 7		(Signed) a Luclor Brue	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	1.	
	M	
	311	
7		

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5000
1. PLACE OF DEATH	(47)
county tridingche	Registration Dist. No. 163
Village or City Valbusulle	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) dsHaw long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME John transes	Slarner
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Bertie Bruchen	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) aril 16-1863	I last saw h AM alive on Than 101, 19 94; death is said
7. AGE Years Months Days It/LESS than 1 day,hrs.	to have occurred on the date stated above, at 6,25 P. m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
& Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	asteria selliones 1930
9. Industry or business in which work was done, as SILK MILL, May dishare	
10. Date deceased last worked at this occupation (month and June 1930 occupation occupation)	
12. BIRTHPLACE (city or town) / adams to	Other Cantributory Causes of importance:
(State or country)	
13. NAME Ronge slave	
14. BIRTHPLACE (city of town) (State or country)	Name of operation
~ // // // //	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Cannal Tagasaran 16. BIRTHPLACE (city or town) Cadarus Cea	23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT MA GEORGE MANNINGS (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL ORGANITION, OR REMOVAL N. B. Day 13 1934	Magner of injury
19. UNDERTAKER (Address)	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased?
20. FIMay 1/ 34 F. Hard Stauffer	(Signed) OSEPH IV. Long M. D.
If more blanks are needed, address/Stale Recistrar.	(Address) - Affall fall fall will for The Charles Street Baltimore, Requesting 9) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed, may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocuteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				4		

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
1. PLACE OF DEATH		<u> </u>		

11	5	0	Es	1
U	U	U	U	1

	County						Registration D	Dist. No.	30
	Village or	City Nes	ir Adamst	own.	(1)	ND Fdeath occurred in a horpital or institut	tion give its NAME	St.,_	Ward
	Length of res	idence In cit	y or town where	leath occurred		ds. How long in U.S. if o			
:	. FULL NA	ME_N	talie Me	rie Stu	p.				
	(a) Reside	nce: Np				St., Ward.	00~0~		
action:	DEDGG		5		ce of abode)	l venevi e		rive city or town as	nd State
-	SEX		D STATIST				ERTIFICATE	OF DEATH	
	'emale		R OR RACE		ARRIED, WIDOWED, CED (write the word) E	21. DATE OF DEATH	May 17	(Day)	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of						22. May 17		Y. That I attende	ed deceesed from
6.	DATE OF BIRTH	(month, day	, and year) Man	8, 193	2	I last pay h er alive on	May	107,195	#; death is said
7.	AGE Ye	ars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT			
N	8. Trade, profe	ession, or pa	rticular as SPINNER,	10 At home	ormin.	were as follows:	les		May 10-34
TIC	SAWYER	R, BDOKKEE	PER, etc			-	19		-
kind of work done, as SPINNER, At home SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked et this occupation (month and			Hemipl	egea		May 17-34			
000		sed last wor upetion (mor	nth and	S	time (years) pant in this coupation				
12	BIRTHPLACE (c		Maryl	and		Dther Contributory Causes of impo	ortance: Our	ek. e	Zeril1934
2			T. Stup	•			l		
FATHER	14. BIRTHPLAC	E (city or to	Mary	land		Name of operation		1	
2	15. MAIDEN NA		Pauline	Virts.		What test confirmed diagnosis?			
MOTHER	16. BIRTHPLAC		Mary	land		23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur?			
17	. INFDRMANT (Address)					Specify whether injury occurred in		town, county and S ME, or In PUBLIC F	
18	(Address) Frederick, Md. R. D. 18. BURIAL, CREMATION, OR REMOVAL Place Church Mill. Md Date May 19, 19.34					Manner of Injury			
19	. UNDERTAKER (Address)		Etchisc ick, Md.			24. Was disease or injury in any w	ay related to occupa	tion of deceased?	7
20	FILED Me)\$.,1	934-1	Cly de	Registrar.	(Signed) James (Address) Add	amstor	Hope	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ż

STATE	OF	MARYL	AND-	-CERTIFI	CATE	OF	DEATH
-------	----	-------	------	----------	------	----	-------

1.	ps:	6	A	£	4	4	J
U	5	1	Ţ	1	7	á,	

1. PLACE OF DEATH		
County Frederick	Registration Dist. No. 145	
Village or City Eller to near Myeron	ll No. St W	Ward
Length of residence in city or town where death occurred by vrs grands	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	
D C		ds.
2. FULL NAME LAUYA G. SUTTO	**************************************	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH	altraction.
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 14 , 1934. (Year	(r)
5a. If married, widowed, er divorced HUGBAND of (or) WIFE of John Summers	22. I HEREBY CERTIFY, That I attended deceased	
6. DATE OF BIRTH (month, day, and year) Sept. 12.1865	i last sawh 2 alive on May 14 , 1934; death is	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	July
68 8 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of o	nset
SAWYER, BOOKKEEPER, etc. 7005 CVC+ CVC	Varcoma: Lympho. com ala	ut
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	abdournt oct	93
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this 55	Symplo-glands. Jussay in inquiral	
12. BIRTHPLACE (city or town) Myers VIII	Other Coatributory Canses of Importance:	
# 13. NAME + exemial Peffinherce		
14. BIRTHPLACE (city or town) Myersylle	Name of operation.	
(State or country)	What test confirmed diagnosis? Was there an au'opsy?	21.
15. MAIDEN NAME Webeca Aur Gree	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city of town) Myers ville Md.	Accident, suicide, or homicide? Date of Injury 19	
S (State or country)	Where did injury occur?	
17. INFORMANT WILL SUTTINE'S (Address) Myersylle, He	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place I Versville 1 4 Breu Date 137 1 , 19 34	Nature of injury.	
19. UNDERTAKER T. K. Gladhill (Address)	24. Was disease or injury in any way related to occupation of deceased?	
MAN MALLON AND DA	If so, specify Slage Wash	
20. FILED May 17, 19 34 William D. Wachter	(Signed) + Min Harp	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	,1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREA!	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	IER STATEMENTS BY PHYSICIAN
--------------------------	-----------------------------

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

V. S. No. 1

1.	Jin.	1.	Ch	13
U	C	U	U	"

1. PLACE OF DEATH	
county Frederick mount	Registration Dist. No. / 3
Village or City Frederick	No. 217 Was his of one St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
111/000	ssds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 212, Woshington (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) STORES OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettanded deceased from
6. DATE OF BIRTH (month, day, and year) Nay 4 (932 7. AGE Years Months Days If LESS than	l last saw h alive on BO 19 3P; deeth is said to have occurred on the date stated above, at & m.
1 day,hrs. ormin.	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEFER, etc.	
S. Hade, profession, of particular, as SPINNER, sawYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased lest worked at this occupation (month and	Browle process of f
11. Total tima (years) spant in this occupation with the spant in the	forecast of a cold, and primary tronghitis.
12. BIRTHPLACE (city or town) Fireder cely (Stata or country)	Other Contributory Courses of importance: No other contributory course.
# 13. NAME Vietor Summers	The state of the s
14. BIRTHPLACE (city or town) Fred exist	Neme of operation
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Male Keech 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicida?
(State or country)	Whare did Injury occur?
17. INFORMANT lietor Summers (Address) Frederick, Md.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1 Diver + Fred, Data May 3, 1934	Menner of Injury
19. UNDERTAKER Q.T.I.C. G. L. adh. () Md. (Addrass)	24. Was disaase or Injury In any way related to occupation of dacaasad? 200
20. FILED 3-may, 1934 Irreland	(Signad) TBO Horris M. D. (Address) The derivation of the state of th

STATE OF MADVIAND_CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis —	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Land of the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PAIRISAU Y S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Commission of the commission of the contract o			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

If more blanks are needed, address Ste Registrar

-	(Month) (Days (Year)
	1 HEREBY CERTIFY. That I attended deceased from 30, 1934, to Way 4, 1934
	I last saw hole alive on May 3, 19 3 4; death is said
	to have occurred on the data stated abova, atm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
-	Septecercia: from, Houl!
	traumatic mying , right knee , consent first 34
-	by a loving by falling against a store i later,
)	the fatient fell down the steps infuring and infact-
	Other Contributory Causes of importance: ing the wound. Carty of Cet. 29, 1934
-	Transactic Lynn, Get, 29, 1934
Ī	
	The and
-	Name of operation Data of
	What test confirmed diagnosis? Was there an au'opsy? Was the an au'opsy?
	23. If death was due to external causes (VIDLENCE) fill in also the following:
•	Accident, suicide, or homicide? Date of injury, 19
	(Specify city or town, county and State)
-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
	Natura of injury
-	24. Was diseasa or injury in eny way ralated to occupation of deceased?
	man (p) ml man
-	(Address) In levil, M. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	The Common Danimore, Acquering C. S. 140. 1.

-WRITE PLAINLY CAUSE mation V. S. No. 1

MOTHER

15. MAIDEN NAME

(Address)

19. UNDERTAKER

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, DR REMOVAL

(State or country)

very important.

TION is

DEATH

OF

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death moans the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The Confidence and Application of the Confidence				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 05007
1. PLACE OF DEATH	23
county trederick	Registration Dist. No. 137
Village or City Starte Sanatorin	Ne Md. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOUTH WAS AND TRADED CHI OCIC CANA	TODUM V2 O K. M.
(a) Residence: No. 2 13 5 (H.II) TURE AND TO	TOSIUM Ward. Oal W. A. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR_OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 24 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yehr)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10. 10.10.7	march 10, 1934, 10 may 24, 1934
6. DATE OF BIRTH (month, day, and yeer)	I last saw h. Am. alive on May 24, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, a 20.50 / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
26 6 6 0 ormin.	were as follows:
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	- V) A
9. Industry or business in which	A language on the leave that a
work was done, as SILK MILL, SAW MILL, BANK, etc.	Novimora y Mocalino
O this occupation (month end	
year) Warch 193.3 occupation 3 yr	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland.	Construction of the production
(State or country)	
13. NAME JOSEPH a. Wagner	
13. NAME SOMMA. Wagner 14. BIRTHPLAGE (city or town) Maryland.	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis? Ment Xray & Powas there an autopsy?
15. MAIDEN NAME Mary albricker	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) . M.d.	Accident, suicide, or homicide?
- 1 (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Harry Wagner (on admission)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 3/35. Pulaski St. Baltomd.	
Place & a I to ma Date unknown	Manner of injury
M. Y. Chages d.	Nature of injury
19. UNDERTAKER / L & CLA GOOD A CONTROL OF THE CONT	24. Was disease or injury in any way related to occupation of deceased?
1/2 20 /////	(Signed) a livery b - Shaffer M. D.
20. FILED Registrar.	(Address) Atale Jana Wann M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

th-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
) 1 	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05008
1. PLACE OF DEATH	23
county trederick	Registration Dist. No. / 3 9
Village or City State Sanatoring	No. Md St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) 2.1. ds. How long in U.S. if of foreign birth?
2. FULL NAME MARYLAND TUBERCULOSS SANAT	Mite .
(a) Residence: No. STATE SQUARDIAGE of abode) MD.	St., Ward. Jebsup, Howard Co. Md. If nonregident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wall White Warred	21. DATE OF DEATH May 2 / 193 (Year)
5a. if married, widowed, or divorced HUSBAND of	
(on) WIFE of grace white	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Rec 25, 1904	I last sawn an alive on May 21 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
29 4 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Chauffers. SAWYER, BOOKKEPER, etc.	0 1
9 Industry or husiness in which	Jumonary weralosis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year)	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) V M COULD (State or country)	5-100
	Valal Julmonary Hemorrhage
E \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of operation Novel Date of
4. BIRTHPLACE (city or town) V Mary	What test confirmed diagnosis? Chert X May Was there an au'opsy?
# 15. MAIDEN NAME Noail Edmonston	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CTUD. White (on admission) (Address) Olssup. Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wy. Md. Date unknight	Nature of injury
19. UNDERTAKER Rid aley Selly.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Langel York	If so, specify
20. FILED 1 10, 19	(Signed) fluary S. Shaffer M. D.
Registrar.	(Address) State Sana Louis Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	N 1 1000	Other contributory causes of importance:	1
Gausiones	May 1,1923	Gastroenteritis	1 year
		·	: Oa

MARGIN RESERVED FOR BINDING

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH 05009
1. PLACE OF DEATH OR OF COUNTY Freduck C	ity Hospital.	Registration Dist. No. 12/:
Village of City Freder	ich ma	No. Freder's City Hospital Wal
Length of residence in city or town who 2. FULL NAME Balen.	1/	osds. How long In U.S. if of foreign birth?yrsmosd
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (phonth) (Day) (Year)
HUSBAND of (or) WHE or	ut	22. I HEREBY CERTIFY That I attended decreased from the standard of the standa
6. DATE OF BIRTH (month, day, and year)	5-24 1934	I last saw h all aliva on May 1937; death is sa
7. AGE Years Months	Days If LESS than I dayhrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		asplipia & wida 524
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) Free (State or country)	lerid	Other Coutributary Causes of Importanca:
13. NAME alton C	Whitmore	
14. BIRTHPLACE (city or town)	recline	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME / Mae	Butter	What test confirmed diagnosis? Was there an au'opsy? 12 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Irunswick Mid	Accident, suicide, or homicide?, Date of injury, 19 Whera did injury occur?
17. INFORMANT alton C (Address) Walker	Whitmore and the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	M. Data 5-25 1934	Manner of injury
19. UNDERTAKER Hanny (Address)	Loute mel	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 25 - bray, 19 34 &	1 /2000	(Signed) Italian pracedy ald M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 / 13/1: A 18/1	1.5			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	1. PLACE OF	DEA	тн		-19.5	<u></u>	0001				
County Frederick						Registration Dist. No. / 3/	=				
	Village or Ci	ty_F	rederick			No. St.	Ward				
					(Jf	If death occurred in a horpital or institution, give its NAME instead of street an	nd number)				
						sds. How long in U.S. if of foreign birth?yrs	.mosds.				
	2. FULL NAM										
	(a) Residence	e: No	40 East	Sixth Str		St., Ward.					
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS						If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH					
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRITO, WIDOWED,						21. DATE OF DEATH					
F	Female	Wh	ite	OR DIVORCE Singl	e on aut		, 193 4				
5a	. If married, w dowe	d, or dive	rced	4	- dryana	(Month) (Day)	(Year)				
	HUSBAND of (or) WHEE of		dula	nt.		22. Noy HEREBY CERTIFY, That I attended deceased from					
			1	-		19	19.0				
6. DATE OF BIRTH (month, day, and year) December 25, 1932 7. AGE Years Months Days I If LESS than				December	25, 1932		4 death is said				
	1	•			1 day,hrs.	to heve occurred on the date stated above, at 4:QQ Am.Mo The PRINCIPAL CAUSE OF DEATH and related causes of importance					
-	1 4 10				ormin.	were as follows:	Date of onset				
NO.	kind of we	ork done,	as SPINNER, PER, etc	None		merezionia Bronch	1 1 1				
OCCUPATION	9. Industry or b	usiness in	which	7.7			11/12/				
D.	work was done, es SILK MILL, None					-	3-47-6-21-3				
ö	10. Date deceased lest worked et this occupation (month and year)				ime (years) nt in this						
-	year)			1 063	upation	Other Contributory Causes of Importance:					
12. BIRTHPLACE (city or town)						39					
2	(State or country) Maryland					- Master.	4/6/				
FATHER	13. NAME John E. Wilcox										
FA	14. BIRTHPLACE		Maryl	and		Name of operation Dete of					
2	15. MAIDEN NAM		Bessie G			What test confirmed diagnosis? Was there at					
MOTHER						23. If death was due to external causes (VIOL ENCE) fill in also the followi	-				
M	16. BIRTHPLACE (city or town) (Stete or country) Maryland					Accident, suicide, or homicide?					
17. INFORMANT John E. Wilcox (Address) 40 East Sixth Street						Openin middler middy occurred in INDUSTRY, IN NOME, OF IN PUBLIC P	LAGE.				
18. BURIAL, CREMATION, OR REMOVAL COM.					/	Manner of injury					
	Place Lew	sto	vn M.E.	Date 5/7	/34,19	Nature of injury					
19.	UNDERTAKER	M. R.	Etchison	a & Son		24. Was disease or injury in any way related to occupation of deceased?	no				
(Address) Frederick, Maryland						If so, specify The grant of					
20.	FILED 7-leur	au	934 ma	1 me	cuil!	(Signed)	M. D.				
		1		1	Pankan	(Address) JUTIO deltre ak	MAN				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis.	3 days ago		
Other contributory causes of importance:	250	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	, 28 th				
The second secon	4. •				

ADDITIONAL S	PACE FOR	FURTHER	STA	TEMENTS	BY	PHYSICIAN

